

S. No. 2
-12-45
5-17-39
PI X47070

FILED MAR 21 1947

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **80**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Boone Co**

(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1408 Richardson
(If not in hospital or institution, write street number or location)

(d) Length of stay: **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")

(d) Street No. **1408 Richardson St**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Lois P Rippeto**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Morris D Rippeto**

6. (c) Age of husband or wife if alive **years**

7. Birth date of **NOV 29 1888**
(Month) (Day) (Year)

8. AGE: Years **58** Months **3** Days **14** If less than one day hr. min.

9. Birthplace **Boone Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **J. S. Nichols**

13. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Malinda F Beckett**

15. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Morris Rippeto**

(b) Address **Columbia**

17. (a) **Burial** (b) Date thereof **Mar 15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **R. A. ...**

(b) Address **Columbia**

19. (a) **3-14-47** (b) **Mrs P.E. Palmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13** year **1947** hour **2:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 28**, 1946 to **Mar 11**, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Lung** Duration **10 years**

Due to **X**

Due to **X**

Other conditions (Include pregnancy within 3 months of death) **X**

Major findings: Of operations **X**

Of autopsy **X**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **J. B. ...** or other) Address **Columbia Mo** Date signed **3-14-47**

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/17/47

JUL 29 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~city~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leoman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.