

FILED MAY 8 1947

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 174

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether
In this community 30 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12
(c) City or town RURAL - POPLAR BLUFF Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mi. SoE. POPLAR BLUFF
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ANDREW RIPPY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased OCT 12 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace MT. VERNON IND 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name JAMES RIPPY 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Pyles
(b) Address Menard Poplar Bluff Mo
17. (a) Burial (b) Date thereof APR 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN
18. (a) Signature of funeral director NT. Pyles
(b) Address Poplar Bluff Mo
19. (a) H-26-47 (b) W. W. W. W.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7
year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Duration
Pneumonia & Peritonitis 4 days
Due to Intestinal Perforation 4 days
Due to Injury (accident)
Crushing injury to abdomen

Other conditions (Include pregnancy within 6 months of death)

Major findings: Of operations _____ Of autopsy 186 B
11

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 12
(b) Date of occurrence April 3 1947
(c) Where did injury occur Poplar Bluff Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm (Specify type of place) prop hit
While at work _____ (e) Means of injury abdomen
23. Signature Frank E. Daniels (M. D. or other) MD
Address Poplar Bluff Mo Date signed 3/4/47

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

RECEIVED

District Health Office No. 2,

District File Number 547-640

Date Filed 5-5-47

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 3231

P. O. Address *Caplan Bldg. N.Y.C.*

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.