S. No. 2
4—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31413

Registrar's No. 4022

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4411 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 49 yrs. (Specify whether years, months or days)
In this community: 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4411 Pennsylvania Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Abraham Lincoln RIPPLE
3. (b) If veteran, name war: None
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Ripple
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: March 30, 1865 (Month) (Day) (Year)

8. AGE: Years 82 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Ret. Engineer
11. Industry or business: K. C. Terminal R.R.

MOTHER FATHER
12. Name: Stephen S. Ripple
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
14. Maiden name: Eliza Smith
15. Birthplace: Indiana (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Ripple
(b) Address: 4411 Pennsylvania Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cem.
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: Kansas City, Kansas
19. (a) 9-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 19th year: 1947 hour: minute: M.
21. I hereby certify that I attended the deceased from June 1941, 19, to Sept 19, 1947 that I last saw him alive on Sept 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	5 yrs
Chronic Nephritis	5 yrs.
Due to: Arterio sclerosis	
Due to: —	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no.

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

23. Signature: M B Casefolt MD (M. D. or other)
Address: 4000 Baltimore K.C. Mo. Date signed: 9/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Case Bolt
4000 Baltimore
Va 5115

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 Wm. L. Ward

Licensed Embalmer No. 3991

P. O. Address 308 East 68th Terr
Kemp

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.