

FILED FEB 13 1948
Registration District No. 297

Primary Registration District No. 3057

State File No. _____
Registrar's No. 11

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 78 yrs years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. 675 North Main 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME William David Nelson Ripsey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1948 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from 1-5-48
1-25-48, 19____, to _____, 19____;

that I last saw him alive on 1-23-48, 19____;

and that death occurred on the date and hour stated above.

4. Sex m race w

5. Color or _____

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

6. (b) Name of husband or wife Martha C. Patterson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. Feb. 10 1869
(Month) (Day) (Year)

Immediate cause of death _____

Pulmonary Tuberculosis ?

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

78 11 15 hr. _____ min.

Other conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)

9. Birthplace Ray (City, town, or county) (State or foreign country) 1

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name Thomas H. Ripsey 1

13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Amanda Kincaid

15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

Major findings: Of operations _____

Of autopsy _____ 12 B

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Engine Reighorn

(b) Address Richmond, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 27 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

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? _____

18. (a) Signature of funeral director Thomas J. Lester

(b) Address Richmond, Mo

19. (a) Jan 28-1948 (Date received local registrar)

(b) Mabel Jackson (Registrar's signature) 0139

While at work? _____ (Specify type of place)

Means of injury _____ 0

23. Signature Sho J. Cook (M. D. or P.H.C.)

Address Richmond, Mo. Date signed 1-28-48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-12-78

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 James A. Moles
Licensed Embalmer No. 3296
P. O. Address Ex Springs 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.