

Registration District No. 375

Primary Registration District No. 6279

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartsville - Rural
(c) Name of hospital or institution: at home
3 miles west of Hartsville
(d) Length of stay: In hospital or institution: None
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wright
(c) City or town Hartsville - Rural
(d) Street No. 3 miles west of Hartsville
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME JESS M. RIPPEE

3. (b) If veteran, name war: _____ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernie Rippee 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: 8 (Month) 2 (Day) 1886 (Year)

8. AGE: Years 62 Months 6 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Hartsville MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Rippee
13. Birthplace MO.
14. Maiden name Mary Scrivener
15. Birthplace MO.

16. (a) Informant Mrs. Ernie Rippee
(b) Address Hartsville MO.

17. (a) Burial (b) Date thereof 8 12 48
(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director Geo E. Holden
(b) Address Hartsville MO

19. 1948 (b) E. B. Garner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1948 hour 1:00 minute 45 P.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: Coronary Thrombosis
Due to Died suddenly before medical aid could be obtained

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g/g
Of autopsy _____

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) (c) Means of injury 2

23. Signature Geo E. Holden (M. D. or other) 2
Address Hartsville MO Date signed 8/8/48

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

MOTHER, FATHER

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

RECEIVED
District Health Officer No. 6
District File Number 948-1002
Date Filed SEP-10-1948

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

Signed Gene E. Halderson
Licensed Embalmer No. 3865
P. O. Address Hartsville 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.