

DEC'D FEB 28 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4291  
Do not use this space.

1. PLACE OF DEATH 2

(a) County WRIGHT Registration District No. 907

(b) Township PLEASANT VALLEY Primary Registration District No. 6220

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 69 yrs. 4 mos 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME OSCAR RIPPEE

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JANIE RIPPEE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 28 - 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>4</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) MAY 1938 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MANFIELD MO.

FATHER

13. NAME SILAS RIPPEE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WRIGHT CO. MO.

MOTHER

15. MAIDEN NAME FRANCES HAYDEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT JANIE RIPPEE  
(ADDRESS) MANFIELD MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Devers Cem. DATE JAN. 27, 1939

19. FUNERAL DIRECTOR FA STEFFE  
(ADDRESS) MANFIELD MO.

20. FILED Jan 28, 1939 J. M. D. Short  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Jan 25, 1939.  
last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arterial Sclerosis see page 97

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. J. Furor, M. D.  
(Address) Manfield Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

FEB 7 1939

6-39-208

RECEIVED

District Health Officer No. 6,

District File Number 6-39-208

Date Filed FEB 11 1939

STATEMENT BY LICENSED EMBALMER

I, W.C. Steffe

Licensed Embalmer No. 3221

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W.C. Steffe

Licensed Embalmer No. 3221

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.)