

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44451

Registration District No. 751

Primary Registration District No. 5992

Registrar's No. 1423

1. PLACE OF DEATH:  
(a) County Ripley  
(b) City or town Ripley Mo. Varney  
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Ripley  
(c) City or town Ripley  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 21 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME WOODROW P. OR MSBK

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 July 24 1918  
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name James T. Armbray  
18. Birthplace Ripley County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Rose  
15. Birthplace Barry County MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Sam Sherman  
(b) Address Hunter, Mo.

17. (a) Buried (b) Date thereof Dec. 1 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Center Hill Cent.

18. (a) Signature of funeral director Leslie D. Russell  
(b) Address Harrison MO.  
19. (a) 1/29 1939 (b) Heurich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1939 hour 2 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 1937 to Nov 29 1939  
that I last saw her alive on Nov 29 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuber Duration \_\_\_\_\_

Due to Had pneumonia Oct 1937

Due to apoplexy for systematic

Other conditions drives remainder of life  
(Include pregnancy within 3 months of death)

Major findings: Of operations pus in pleural sac  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature Heurich (M. D. or other) \_\_\_\_\_  
Address Carrollton Mo. Date signed 1/29/39

REV. 2-17-39  
U. S. G. P. 1 X1931

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, ~~\_\_\_\_\_~~.....

*Leslie D. Russell*

....., Registered Apprentice No.....

working under my personal supervision.

District Health Officer No. 5,

District File Number 140 93

Date Filed 11240

Signed *Leslie D. Russell*

Licensed Embalmer No. 3855

P. O. Address Daniphan Ma

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, above space should be left blank.