DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1659

Registration District No. FEB 15 1940 Primary Registration District No. 5110A Registrar's No. 2.

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days) 130

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 8 Miles West of Ashland; Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frances L. Rippeto

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 Married

6. (b) Name of husband or wife Martha Rippeto

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 1 1873 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 10 If less than one day hr. 0 min.

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

10. Usual occupation Farmer

11. Industry or business 0

FATHER
12. Name James Rippeto
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Owens
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martha Rippeto

(b) Address Hartsburg Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Goshen

18. (a) Signature of funeral director Holt/Burnett

(b) Address Ashland Missouri

19. (a) Feb 1, 1940 (Date received local registrar) (b) Frances Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1940 hour 11 minute 20p M.

21. I hereby certify that I attended the deceased from Nov 20, 1934, to Jan 11, 1940 that I last saw him alive on Jan 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leon A Taylor (M. D. or other) MD

Address Jefferson City, Mo. Date signed 1-12-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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. T Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.