No. 2
4-18-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41939

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1386

1. PLACE OF DEATH:
(a) County: Buchanan 2
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2024 South 9th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 55 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2024 South 9th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Abner Jacob Cripe
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ella
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: July 9 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 22 If less than one day hr. min.

9. Birthplace: ? (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Huckster
11. Industry or business: /
12. Name (FATHER): David Cripe
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER): Vina Baker
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ella Cripe
(b) Address: 2024 South 9th St
17. (a) Burial (Burial, cremation, or removal) (b) Date: Jan 2-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Sugar Creek Cemetery
18. (a) Signature of funeral director: Harry Barry Funeral Home
(b) Address: 218 South 10th St St Joseph Mo
19. (a) Jan 7 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 31 year: 1940 hour: 1 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Dec 22, 1940, to Dec 27, 1940, that I last saw him alive on Dec 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Lobar Pneumonia Right Kidney — Duration: 4 days
Due to: Cystitis — 2 weeks
Due to: Arterial Sclerosis — 5 yrs
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 2d
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: E. H. Werner (M. D.) Signed 1-2-41
Address: 221 A Kirkpatrick Bldg

(Licensed Embalmer's Statement on Reverse Side)

JOSTEN

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 Victor J. Barry, Registered Apprentice No. 252 working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.