

BUREAU OF THE CENSUS
FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4124

State File No. _____

Registration District No. 774

Primary Registration District No. 4465

Registrar's No. 1010

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (County) St. Francois 94
(c) City or town Flat River 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Nona Naomi Ripper

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan 11 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER { 12. Name Albert Ripper
13. Birthplace Iron Co Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Josephine Webb
15. Birthplace Raymond Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. W. Richards
(b) Address Flat River Mo

17. (a) Buried (b) Date thereof 1-14-41
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parson's Cemetery

18. (a) Signature of funeral director Waldwell Buz
(b) Address Flat River Mo

19. (a) 1-15-41 (b) OBanner MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 12
year 41 hour 5 minute 59 M.

21. I hereby certify that I attended the deceased from July 1940 to Jan 12 1941
that I last saw her alive on Jan 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death broncho-pneumonia Duration 2 days

Due to bronchiectasis

Due to _____

Other conditions the intellectual reports
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none 12/10
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) (b) Means of injury _____

23. Signature J. O. Kaehe (M. D. or other) 0
Address Wesloge Date signed 1-15-41

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.