

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI-STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2599**

Registration District No. **399** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kan City**
(c) Name of hospital or institution: **917 Lenthal**
(d) Length of stay: In hospital or institution **1 year**
In this community **1 year**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kan City**
(d) Street No. **917-Lenthal**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Fred M. Ripser**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **16** year **1942** hour **am** minute **am**
21. I hereby certify that I examined the deceased from **19** to **19**
that I last saw him **alive** on **19** and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **unknown**

Immediate cause of death **Arteriosclerotic heart disease.**
Due to **935**
Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **negative**

8. AGE: Years **about 87** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **No Record**
10. Usual occupation **none**

MOTHER FATHER
12. Name **No Record**
13. Birthplace **No Record**
14. Maiden name **No Record**
15. Birthplace **No Record**

16. (a) Informant **Coroner office**
(b) Address **Kan City Mo**
17. (a) **Burial** (b) Date thereof **7-7-42**
(c) Place: burial or cremation **Maple Hill**
18. (a) Signature of funeral director **[Signature]**
(b) Address **K. of Mo**
19. (a) **7-7-42** (b) **M. M. Brown**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at _____ (specify type of place)
(e) Means of injury _____
23. Signature **[Signature]** Date signed **7/16/42**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Harry Bergman

Licensed Embalmer No.....

2041

P. O. Address.....

Kan City Mo

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, fact should be so stated above.