

FILED JUL 4 1943

State File No.

Registration District No. 77

Primary Registration District No. 3-0-1-2-5287

Registrar's No. 286

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Royal, Fishing River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1/2 mile south Mosby, Rice Coal mine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 12 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. Mosby, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDITH ELLEN CRIPPEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1

4. Sex Female 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: Jan. 20 - 1926
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>5</u>	<u>5</u>	hr. min.

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

10. Usual occupation Montgomery ward, clerk

11. Industry or business clerk

12. Name Ray Crippen

13. Birthplace Richwood, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alma Robinson

15. Birthplace Sumner Grove, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Crippen

(b) Address Mosby, Mo

17. (a) Burial (b) Date thereof 6/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point, near Conick

18. (a) Signature of funeral director Herbert Kappel

(b) Address Excelsior Springs, Mo

19. (a) 6-27-43 (b) Mrs. Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from June 25 to June 25, 1943; that I have seen him alive on June 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning accidental Duration 30

Due to Coronary case

Due to Coronary case

Other conditions (Include pregnancy within 3 months of death) 30

Major findings:
Of operations Coronary case

Of autopsy Coronary case

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) accidental Drowning

(b) Date of occurrence June 25 - 1943

(c) Where did injury occur? Rice Coal Mine Pond, Mosby, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place, 7 mi S.W. 1/4, Sycamore, Mo
(Specify type of place)

While at work? no (e) Means of injury no

23. Signature A. W. Prother (M. D. or other)
Address Excelsior Springs, Mo Date signed 6-26-43

RECEIVED

District Health Officer No. 8,

District File Number

Filed 7-1-43

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 *Chas. Virgil Hoop*

Licensed Embalmer No. 3950

P. O. Address *Chickson Springs*

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.