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37057

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 19 1945

Registration District No. 181

Primary Registration District No. 5409

Registrar's No. 19

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

1. PLACE OF DEATH: Douglas
 (a) County Douglas
 (b) City or town Ava Rural Miller
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 San Jo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (Specify whether)
 year, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Douglas
 (c) City or town Ava Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jewell Rippee
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 24
 year 1945 hour 8 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Sept 24
 _____, 1945, to only, 1945;
 that I last saw her alive on dead, _____, 1945;
 and that death occurred on the date and hour stated above.

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

Immediate cause of death not known
as she was dead when found
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

7. Birth date of deceased March 1, 1933
 (Month) (Day) (Year)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 12 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Ava, Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Schoolgirl

11. Industry or business _____
 12. Name Rex Rippee
 13. Birthplace Rippee, Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Martha Schaleford
 15. Birthplace Warrenburg, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Rex Rippee
 (b) Address R. Ava, Missouri
 17. (a) Burial (b) Date thereof Sept. 26, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation _____
 18. (a) Signature of funeral director Clinkingbeard Funeral Home
 (b) Address Ava, Missouri
 19. (a) Oct 29-45 (b) Vestal Bralman
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature J. L. Smith (M. D. or other) _____
 Address _____ Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 1145-1102

Date Filed NOV 14 1945

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..... *W.B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Over Md*

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.