S. No. 2
d—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1543

Registration District No. 55 | Primary Registration District No. 3127 | Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 706 West Daugherty (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Webb City (If outside city or town limits, write "RURAL") 6
(d) Street No.: 706 West Daugherty (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Kenneth M. Cripps
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M. C
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M. /
6. (b) Name of husband or wife: Juanita Cripps
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 31, 1910 (Month) (Day) (Year)

8. AGE: Years 37 | Months 2 | Days 21 | If less than one day: hr. min.

9. Birthplace: Joplin, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Bookkeeper
11. Industry or business:
12. Name (Father): Clyde Cripps
13. Birthplace (Father): Joplin, Missouri (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Velma Childers
15. Birthplace (Mother): Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: Juanita Cripps (Widow)
(b) Address: 706 W. Daugherty Webb City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetary
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) JAN 24, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1948 hour 8:55 minute P. M.
21. I hereby certify that I attended the deceased from March 24, 1947, to Jan. 22, 1948; that I last saw him alive on Jan. 22, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right sided heart failure	48 hrs
Due to: Cirrhosis of the liver	7 Mo.
Due to:	
Other conditions: chronic pulmonary tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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) No
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [signature] (M. D. or other)
Address: Box 169, Webb City, Mo. Date signed: 1-23-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-35

Regular

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 Leonard J. Levin Jr., Registered Apprentice No. 44, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 285-9

P. O. Address [illegible]

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.