

10-47
17-39
3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 30 1948

STANDARD CERTIFICATE OF DEATH

State File No. **21996**
Registrar's No. **6**

Registration District No. **268 SUB**

Primary Registration District No. **6248**

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

1. PLACE OF DEATH:

(a) County **Washington**

(b) City or town **Richwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **✓ - 1**

(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 (Specify whether)

3. (a) PRINT FULL NAME **MARY FRANCIS DENNY**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widow**

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

7. Birth date of deceased **Feb 26 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
86	1	3	27	hr. _____ min.

9. Birthplace **Jefferson Co Mo**
(City, town, or county) (State of foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Mithias B Ripley**

13. Birthplace **Kentucky**
(City, town, or county) (State of foreign country)

14. Maiden name **Memora Johnson**

15. Birthplace **Jefferson Co, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Wideman**

(b) Address **Richwood, Mo**

17. (a) **Boise** (b) Date thereof **6-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **T. Patches**

18. (a) Signature of funeral director **Rosch-Kitchell Funeral Home**

(b) Address **Richwood, Mo**

19. (a) **6-3-48** (b) **J. P. Hugel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Washington**

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

(d) Street No. **_____**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 22** day **1948**
year _____ hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **June 19 1948** to **June 22 1948**
that I last saw her alive on **June 20 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis (ischemic)**

Due to **arteriosclerosis**

Duration
yes
yes

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **9/2/48**

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) _____

(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)

Means of injury _____

23. Signature **J. P. Hugel** (M. D. or other) **200**

Address **Gettysburg, Mo** Date signed **6/24/48**

RECEIVED

District Health Officer No. 4
District File Number 648-831
Date Filed 6-29-48

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, fact should be so stated above.