

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9767  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. \_\_\_\_\_  
 (b) Township Laws Primary Registration District No. \_\_\_\_\_ Registered No. 1232  
 (c) City Kansas City (d) Street No. General Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jimmy Tripp 610  
 (a) Residence, No. 3308 E 18th St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 - 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
5 2 1 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

FATHER  
 13. NAME Daniel Tripp  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Blue Iowa

MOTHER  
 15. MAIDEN NAME Elsie Matzinger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galhoun Mo.

17. INFORMANT (ADDRESS) Mrs. Daniel Tripp  
3308 E 18th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Mar 21 1938

19. FUNERAL DIRECTOR (ADDRESS) W. Newcomer  
Brush Creek & Pased

20. FILED 3-18 1938 M. M. Crowe ash  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive by wife Cora 19\_\_\_\_. Death is said to have occurred as stated above, at 11:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Auto traumatism  
Fracture of the skull  
Bacilar meningitis

Other contributory causes of importance: 210m  
21

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 3-17 1938  
 Where did injury occur? K.C. Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by auto  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Walter B. Butler, M. D.  
 (Address) Gen Hosp, K.C. Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Nell Carr* .....

Licensed Embalmer No. *3976* .....

**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.)**