

APR 15 1946  
486

Registration District No. 486

Primary Registration District No. 4293

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lincoln  
 (b) City or town Edwards Mo  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) \_\_\_\_\_  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community All Life years, months or days \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Charles T. Triplett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Boyd 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased home 24-1856  
 (Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>83</u> | <u>5</u> | <u>7</u> | hr. min              |

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Benny F. Triplett

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

14. Maiden name Louisa Nally (City, town, or county) (State or foreign country)

15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. E. Triplett

(b) Address Edwards Mo

17. (a) Burial (Burial, cremation or removal) (b) Date thereof June 3, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mill Creek

18. (a) Signature of funeral director W. H. Bradley

(b) Address Edwards Mo

19. (a) 7-10-40 (Date received local registrar) (b) Etta Powell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln  
 (c) City or town Edwards (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months June day 1st year 1946 hour 5 minute 24 P.M.

21. I hereby certify that I attended the deceased from May 25, 1940, to June 1, 1940 that I last saw him alive on June 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 days  
 Due to Arteriosclerotic fibillation ?

Due to Cardiac Decompensation ?

Other conditions (Includes pregnancy within 3 months of death) 95%

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
 (e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. C. Amstley (M. D. or other) M.D.  
 Address Edwards Mo Date signed 6-7-40

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.

**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. J. Bradley*

Licensed Embalmer No.....

*3966*

P. O. Address.....

*Ed. Perry*

**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, above space should be left blank.**