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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr Leon Taylor

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42235

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 347

FILED JAN 13 1941

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 406 East McCarty Street (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) 88 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 406 East McCarty Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Margaret Trippensee

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William Trippensee

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

7. Birth date of deceased Sept- (Month) 20 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	3	10	hr. min.

9. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER

12. Name John Rockelman

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

14. Maiden name Not Known

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

16. (a) Informant Christ H. Trippensee

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 1 (Day) 1941 (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shoye L. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-3-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure

Due to I only saw the patient after death

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leon A. Taylor (M. D. or other) M.D.

Address Jefferson City Date signed 1-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph F. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.