

No. 2  
4-12-40  
4-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24583  
Registrar's No. 1011

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: STATE HOSPITAL No. 2  
(d) Length of stay: In hospital or institution 31 hours  
In this community 31 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County Sullivan  
(c) City or town Green City  
(d) Street No. rural  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Sylvanus Triplett  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) \_\_\_\_\_ (Day) 7 (Year) 1919  
8. AGE: Years 22 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Green City (City, town, or county) MO. (State or foreign country)

10. Usual occupation farm labor

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

MOTHER FATHER { 12. Name Sherman Triplett  
13. Birthplace Green City (City, town, or county) MO. (State or foreign country)  
14. Maiden name ?  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Neal House  
(b) Address Green City Mo.

17. (a) burial (b) Date thereof July 7 1941  
(c) Place: burial or cremation State Hosp. # 2 Cemetery

18. (a) Signature of funeral director Neaton Beale & Bowman  
(b) Address St. Joseph Missouri

19. (a) 7-7-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 4 year 1941 hour 8 4 minute 10 a.m.

21. I hereby certify that I attended the deceased from 7/2/41 (9 PM) to 7/4/41 1941 that I last saw him alive on July 4 and that death occurred on the date and hour stated above.

Immediate cause of death shock associated with acute abdominal pain

Due to possibly ruptured viscus

Due to \_\_\_\_\_  
Other conditions markedly disturbed  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1958

Duration 3 da.  
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 131

(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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature T. J. O'Neil (M. D. or other) MD  
Address St. Joseph Date signed 7/7/41

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

**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 ✓

no embalming, Registered Apprentice No. ✓  
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, Mo

**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.**