

JAN 14 1942

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - E. Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
14 Miles East of Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Arthur Triplett

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orilla 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 28, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business " " " "

MOTHER FATHER { 12. Name Cooper Triplett
13. Birthplace 9 No record (City, town, or county) (State or foreign country)
14. Maiden name Nancy Hansford
15. Birthplace 9 No record (City, town, or county) (State or foreign country)

16. (a) Informant L. J. Triplett
(b) Address Parland Okla

17. (a) Burial (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTER CHURCH

18. (a) Signature of funeral director Huebsch and Co.
(b) Address Joplin, Missouri

19. (a) Dec. 12, 1941 (b) E. J. M. Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 14 Miles East of Joplin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1941 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Jan. 1, 1941, 19... to Dec. 10, 1941, 19...
that I last saw him alive on Dec. 9, 1941, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Carcinoma
Due to Chronic nephritis & cystitis
Diabetes Mellitus

Other conditions Diabetic & uriemc coma
(Include pregnancy within 3 months of death)

Major findings: Of operations 518
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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature W. B. Chapman (M. D. or other)
Address Joplin, Missouri Date signed 12/12-41

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

49
0
0
0

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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin 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.