S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28327

State File No.

SEP 8 1942

Registration District No. 332 Primary Registration District No. 6114 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Morley Rural Morley
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days) In this community 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 195
(c) City or town 6
(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.? 0 years.

3. (a) PRINT FULL NAME Jas. M. Triplett
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M
5. Color or race W
6. ~~(a) Single~~ widowed, ~~married~~, ~~divorced~~ 9
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
~~Date~~ date of deceased Dec (Month) 8 (Day) 1857 (Year)

8. AGE: Years 90 Months 7 Days 10 If less than one day — hr. — min.

9. Birthplace Bloomfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name —
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name —
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant A. C. Triplett
(b) Address Morley Mo.
17. (a) Triplett Cem., (Burial, cremation, or removal) (b) Date thereof 7/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation —
18. (a) Signature of funeral director Welch Funeral Home
(b) Address Sikeston Mo
19. (a) Aug. 20. 42 (Date received by local registrar) (b) Mrs. Wm Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1942 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from July 17, 1942 to 7/18, 1942 that I last saw him alive on July 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	?
Due to Sun Stroke	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 92	

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

23. Signature J. A. Chase (M. D. or other)
Address Crain Mo Date signed 7/19/42

1042 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 942-1113
Date Filed 9-3-42

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.