

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1942

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Grundy Co.

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

(c) Name of hospital or institution: 2500 Mabel
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 2500 Mabel
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MATILDA ANN TRIPLETT

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 9 day 9
year 42 hour 7 minute 50 P.M.

4. Sex ♀ 5. Color or race W 6. (a) Single widowed married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from Aug 1 1942 to 9-9- 1942
that I last saw her alive on 9-7- 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased May 5 1861
(Month) (Day) (Year)

Immediate cause of death Cancer of stomach
Due to _____
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) H67

Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Clay County W. Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business _____

12. Name Chas W. Triplett

13. Birthplace Parkersburg W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Chas. Triplett

(b) Address 2500 Mabel St, Trenton Mo

17. (a) Burial (b) Date thereof Sept 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grange Home

18. (a) Signature of funeral director Chas. Triplett

(b) Address Trenton Mo.

19. (a) Sept 12-42 (b) Yada Hoffman
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature W. B. Rooks (M. D. or other) _____
Address Trenton Date signed 9-12-42

202

2-10-68

TESTIMONY VIA AUDIO TAPE

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.....

Robert B. Davis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert B. Davis

Licensed Embalmer No. *4219*

P. O. Address.....

Leontine, 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.