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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

Registration District No. 13

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

Dr. Rowe

State File No. 24522

Registrar's No. 234

1. PLACE OF DEATH

(a) County Butler

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

(c) Name of hospital or institution: 314 Short / 5th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12 7

(c) City or town Poplar Bluff 3
(If outside city or town limits, write "RURAL")

(d) Street No. 314 Short 5th
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Elec L. Triplett

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Sallie

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

7. Birth date of deceased About (Month) 1877 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	66	—	—	..... hr. ..... min.

9. Birthplace Wilson County (City, town, or county), Miss. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Sallie Triplett
(b) Address Poplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 7-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem - Poplar Bluff, Mo

18. (a) Signature of funeral director Frank - Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 7-26-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 23
year 1943 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1943, to July 23, 1943
that I last saw him alive on July 23, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	3 years
Paralysis entire left side	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 al

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 Alfred R. Rowe (M. D. or other)

Address Poplar Bluff Mo Date signed 7-24-43

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 843-1002
Date Filed 8-9-48

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 Scott A. Colwell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.