

No. 2
-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18606

Registration District No. 206

Primary Registration District No. 575-1

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural - St Michael Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Madison

(c) City or town Rural - St Michael Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nancy-Isabelle Tripp

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 15 1944, to May 19 1944,
that I last saw her alive on May 19 1944
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Bert Tripp

6. (c) Age of husband or wife if alive 21 years (Year)

7. Birth date of deceased Oct. 21 1866
(Month) (Day) (Year)

Immediate cause of death Hemiplegia

Due to High blood pressure

Due to Bright's disease

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 131 P

Of autopsy

8. AGE: Years 77 Months 6 Days 28
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Martindale 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elijah Bart Tripp

(b) Address Rural

17. (a) Rural (b) Date thereof 5-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Snowdenville, Mo

18. (a) Signature of funeral director Webb - Holt

(b) Address Madisonville, Mo

19. (a) May 20 - 1944 (b) S. C. Slaughter
(Date received local registrar) (Signature)

23. Signature E. W. Deleue (M. D. or other) J. A. O.

Address Fredericktown Date signed 5-20-44

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

MOTHER FATHER

4481

RECEIVED

District Health Officer No. 4
District File Number 644-3955
Date Filed 6-9-44

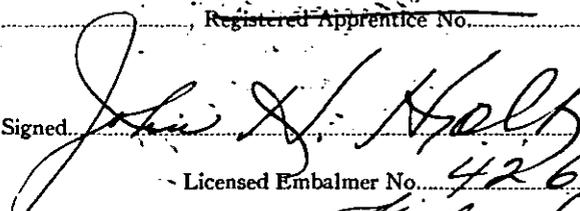
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4264

P. O. Address Fredensborg, 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.