

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19318

FILED JUN 6 1944

State File No. _____

Registration District No. 549

Primary Registration District No. 549

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural - Richwood
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Green City
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID 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 wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1-23-1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 04 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Triplett
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Roseella
15. Birthplace Droit Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Triplett
(b) Address Green City Mo
17. (a) Burial (b) Date thereof 4-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Geneville Pa
18. (a) Signature of funeral director Glen E. Kent Sr
(b) Address Green City Mo

19. (a) May 31 - 1944 (b) Stephen H. Judd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 27, 1944, to Mar 31, 1944
that I last saw him alive on April 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic passive congestion of lungs
Due to back pressure of blood from right auricle of heart
Due to mitral stenosis as manifested by
Other conditions stroke disability
(Include pregnancy within 3 months of death)

Duration
3 months
3 months
year

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? _____ (c) Means of injury _____
23. Signature Stephen H. Judd (M. D. or other) Do
Address Salath, Mo Date signed 5-3-44

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

RECEIVED

District Health Officer No. 10

District File Number 6-44-1037

Date Filed JUN 5 1944

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

Not embalmed

, Registered Apprentice No. _____

working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.