

V. S. No. 2
 FORM-8-43
 2-5-17-39
 P-1 X37823

34505

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 233

Registration District No. 157

Primary Registration District No. 5589

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural, Union Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 3, Carthage
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **49**
 (c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 3, Carthage **0**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME Martha Triplett
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 28
 year 1944 hour 11:50 minute _____ P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife J. W. Triplett
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 5/1/43 19____ to 10/28/44 19____;
 that I last saw her alive on 10/28/44 19____
 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 2 1861
(Month) (Day) (Year)
 8. AGE: Years 83 Months 2 Days 26
 If less than one day hr. _____ min. _____

Immediate cause of death Cardiac Decompensation
 Due to Senile Dementia and Chronic Endocarditis
 Due to _____

9. Birthplace Montgomery County, Illinois
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 92d
 Of operations _____
 Of autopsy _____

10. Usual occupation At Home
 11. Industry or business None

MOTHER FATHER } 12. Name Addison McBride
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Follis
 15. Birthplace Springfield Illinois
(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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

16. (a) Informant Mrs. Rose Moss
 (b) Address Rapid City, South Dakota
 17. (a) Burial (b) Date thereof Oct. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Emmanuel Cemetery

23. Signature J. E. Kilbane (M. D. or other) D.O.
 Address Smoke, Mo. Date signed 10/28/44

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri
 19. (a) Oct. 30 '44 (b) Elizabeth Conpl...
(Date received local registrar) (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

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

900

44-11-922

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 Lurey Luice-Buckner
Licensed Embalmer No. 2510
P. O. Address Carthage, 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.