

F.W.

Registration District No. **108**

Primary Registration District No. **4179**

Registrar's No. **86**

1. PLACE OF DEATH:

(a) County **DUNKLIN**
(b) City or town **SENATH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Senath**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Enoch Franklin Triplett**

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

4. Sex **MP** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dorah M. Triplett** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **5-27-1878**
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **22** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Triplett**

13. Birthplace **Blountfield, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth D. Knowlton**

15. Birthplace **" "**
(City, town, or county) (State or foreign country)

16. (a) Informant **Odas Triplett**

(b) Address **11302 E. Jefferson, Senath**

17. (a) **Burial** (b) Date thereof **Dec 21-1944**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenbush Valley, Mo.**

18. (a) Signature of funeral director **M. D. Starnes**

(b) Address **Senath, Mo.**

19. (a) **12-20-1944** (b) **H. O. Starnes**
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19**
year **1944** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Nov-10** 19**44** to **Dec-29** 19**44**
that I last saw him alive on **Dec-2** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke**

Due to **Sugar Diabetes**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **NO**

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 **H. O. Starnes** (M. D. or other) _____

Address **Senath, Mo.** Date signed **12-13-44**

Duration **14 hours**

Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

540

FEB 8 1945

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.....

P. O. Address.....

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.