

S. No. 2
M-5-43
5-17-39
P I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 99729
Registrar's No. 1431

FILED APR 10 1946
Registration District No. 149

Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4223 Oak 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 6 Mos. 20 Days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Braymer 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES ALLEN TRIPP
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23rd
year 1946 hour Four minute 15 P.M.
21. I hereby certify that I attended the deceased from July
1946 to March 23 1946
that I last saw him alive on March 23 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ella Tripp
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June 27 1871
(Month) (Day) (Year)

Immediate cause of death Leban & pneumonia
Duration _____

8. AGE: Years Months Days If less than one day
74 8 26 _____ hr. _____ min.

Due to Terminal Prostate Gland
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: 108
Of operations _____
Of autopsy _____

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Bradford H. Tripp

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

14. Maiden name Anna Engle
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ella Tripp

(b) Address Braymer, Missouri

17. (a) Removal (b) Date thereof 3-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Oak, Missouri

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 3-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 0
23. Signature E. W. Utz (M. D. or other) _____
Address 3500 N. 1st Date signed 3-25-

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

8000

C.H. 11/11/11
3850 Prospect - No. 611A
810 West 57th - No. 611A
or No. 9500

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.