S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

607

State File No.

Registration District No. 77 Leslie

Primary Registration District No. 3016

Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 Madison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 601 Madison Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Christ W. Trippensee
3. (b) If veteran, name war
3. (c) Social Security No. 489-16-0087
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lena Trippensee
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: February (Month) 24 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	27	hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Bldg Contractor and Bricklayer
11. Industry or business:
MOTHER FATHER
12. Name: William Trippensee
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Rockelman
15. Birthplace: Cole County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs C W Trippensee
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan-21-194 (Month) (Day) (Year)
(c) Place: burial or cremation: River View Cemetery
18. (a) Signature of funeral director: Mort J. Jordan
(b) Address: Jefferson City, Missouri
19. (a) 1-23-47 (Date received local registrar) (b) R. P. Morris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20 year 1947 hour 7 minute A M.
21. I hereby certify that I attended the deceased from Dead when Viewed 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Top of head blown off by Brains blown out	Instantaneous
Due to Shot gun wound	
Due to Suicide	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
Of autopsy: No

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): Suicide
(b) Date of occurrence: 1-20-47
(c) Where did injury occur? Jefferson City (City or town) Cole (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? No (e) Means of injury: Shot Gun
23. Signature: J. T. Leslie Coroner (M. D. or other)
Address: Jefferson City Mo Date signed 1-22-47

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1947

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed JAN 27 1947

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.