. S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3740

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEVADA HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 70 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Sheldon
(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 Bert Triplett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Almeda Young
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 15 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	14	hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Albert Triplett
13. Birthplace D. K. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Triplett
15. Birthplace D. K. (City, town, or county) (State or foreign country)
16. (a) Informant C. Early Triplett
(b) Address Oakland Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon, Mo.
18. (a) Signature of funeral director Gerald Beeny
(b) Address Sheldon, Mo.
19. (a) 2-4-'48 (Date received local registrar) (b) Nathaniel Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1948 hour 11 minute 07 A.M.
21. I hereby certify that I attended the deceased from Jan 8, 1948, to Jan. 29, 1948, that I last saw him alive on Jan. 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction	2 weeks
Due to Carcinoma of transverse colon	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation
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? (e) Means of injury
23. Signature O K King (M. D. or other)
Address Nevada, Mo. Date signed 1-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-39
Date Filed 8-10-42

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 L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Sheldon 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.