

FILED JUN 29 1948

Registration District No. 240-338

Primary Registration District No. 615-6154

State File No. _____

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Gray Ridge
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Gray Ridge, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Triplett

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lelia Triplett 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 2 2 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>4</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER {
12. Name _____ 92
13. Birthplace _____ (City, town, or county) (State or foreign country) 92
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country) 92

16. (a) Informant Marion Triplett
(b) Address Gray Ridge, Mo.

17. (a) Burial (b) Date thereof 6/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Gray Ridge, Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) 6-23-48 (b) Delroyne W. Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1948 hour 2 minute 10 pm.

21. I hereby certify that I attended the deceased from 5-28-22 to 2-2 1948
that I last saw him alive on 5-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Probably due to cancer of the gastro-intestinal tract
Due to _____

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

Major findings: Of operations 46M
Of autopsy _____

Duration
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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. Sargent (M. D. or other) MD
Address Stoddard, Mo. Date signed 6-3-48

RECEIVED
District Health Office No. 2
District File Number 648-812
Date Filed 6-28-48

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 John Allerton
Licensed Embalmer No. 2941
P. O. Address Seaford

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 31-

Registration District No. 338 Primary Registration District No. 6154

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Hay Ridge
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John Triplett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Set 2 (Month) (Day) (Year)
8. AGE: Years 48 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Maria Triplett

(b) Address Hay Ridge, Mo

17. (a) _____ (b) Date thereof 6-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation Hay Ridge, Mo

18. (a) Signature of funeral director H. W. J. Albertson

(b) Address Likerton, Mo

19. (a) 7-18-48 (Date received local registrar) (b) Thos. Webb (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Hay Ridge (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year 1948 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 A. P. Sargent (M. D. or other)
Address Likerton Date signed _____

SUPPLEMENTARY

WHILE I LAUNDRY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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S-21918