

FILED DEC 10 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37549

5030

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 1053	
c. LENGTH OF STAY (In this place) 1948		d. STREET ADDRESS (If rural, give location) 4140 HOLMES STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4140 HOLMES STREET			

3. NAME OF DECEASED (Type or Print) Mrs. Ida Scott Triplett			4. DATE OF DEATH NOVEMBER 24-1949		
a. (First)		b. (Middle)	c. (Last)		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE-17-1874	9. AGE (In years last birthday) 75	if UNDER 1 YEAR Months Days	if UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) CINCINNATI, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ALEXANDER SCOTT		13b. MOTHER'S MAIDEN NAME LAURA FRANCIS MCKBEE		14. NAME OF HUSBAND OR WIFE FRANK TRIPLETT	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES F. TRIPLETT, 4140 HOLMES, K.C. MO.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach liver & intestines. ANTECEDENT CAUSES DUE TO (b) ea. chronic. DUE TO (c) Scurvy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy				INTERVAL BETWEEN ONSET AND DEATH 572
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949 to Nov 24, 1949 that I last saw the deceased alive on Nov 24, 1949 and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. C. Triplett	23b. ADDRESS 1014 Angyle	23c. DATE SIGNED 11/25/49
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE Nov. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) GARNETT, KANSAS
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DATE REC'D BY LOCAL REG. 11-26-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. W. Newcomer & Sons, Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *D. D. Nofsinger*

Licensed Embalmer No. *3958*

P. O. Address *Kansas City*

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.