DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43317

Registration District No. 2293 Primary Registration District No. 5411 Registrar's No.

1. PLACE OF DEATH:

(a) County: Franklin.

(b) City or town: Villa Ridge, Mo. Boles Township.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Villa Ridge, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
In this community 92 yrs. 7 mos. 16 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Franklin

(c) City or town: Villa Ridge, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: Villa Ridge, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years

3. (a) PRINT FULL NAME: George Burr Triplett.

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Martha E. Triplett (dec.)

6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: Apr. (Month) 21st. (Day) 1847. (Year)

8. AGE: Years 92 Months 7 Days 16 If less than one day hr. X min.

9. Birthplace: Villa Ridge, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Farming. (retired)

11. Industry or business: X

FATHER
12. Name: George Burr Triplett.
13. Birthplace: Charleston, (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Unknown.
15. Birthplace: Unknown. (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant's own signature: X G B Triplett
(b) Address: Union, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Dec. 10th, 1939. (Month) (Day) (Year)
(c) Place: burial or cremation: Gray Summit, Mo. Burial.

18. (a) Signature of funeral director: Nieburg & Vitt, Inc. by A. G. Nieburg
(b) Address: Washington, Mo.

19. (a) 12-8-39 (Date received local registrar) (b) Mary B. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th, year 1939. hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Dec 7, 1939, that I last saw him alive on Dec 7, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration: Past knew

Due to: Past knew

Due to: 1 2 1

Other conditions: Chronic interstitial nephritis and chronic — Duration: Past knew
(Include pregnancy within 3 months of death)

Major findings: Of operations: Arteriosclerosis
no operation

Of autopsy: none

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: R. R. Cutley (M. D. or other)
Address: Washington Mo. Date signed 12/8/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

266 (Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. J. Nieburg

Licensed Embalmer No. 2387

P. O. Address Washington, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.