

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED MAR 24 1943  
Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 15

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town East Prairie  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 13 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi <sup>67</sup>

(c) City or town East Prairie <sup>0</sup>  
(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 JOHN FRANKLIN TRIPPLETT

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15  
year 1943 hour 2:35 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 29 1942  
1942 to Feb 15 1943

that I last saw him alive on Feb 15 1943  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Selma Triplett 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: Feb 13 1871  
(Month) (Day) (Year)

Immediate cause of death apoplexy cerebral

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 72 Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Mill worker

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Abner Triplett

13. Birthplace Stoddard Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Stoddard Co. Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Dallas Triplett

(b) Address East Prairie

17. (a) Burial (b) Date thereof 2/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Triplett cemetery

18. (a) Signature of funeral director Fannie E. Bugman

(b) Address East Prairie, Mo

19. (a) 3-18-43 (b) Fannie E. Bugman  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature E. D. Martin (M. D. or other) \_\_\_\_\_

Address East Prairie Date signed 2-19-43

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

RECEIVED  
District Health Office No. 2  
District File Number 343-401  
Date Filed 3-23-42

---

---

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

*Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie,

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.