No. 2
I—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35302

NOV 12 1943

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 5

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town East Prairie Mo

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

(c) Name of hospital or institution: Res.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 6 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

(c) City or town East Prairie Mo 067

(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 LOIS E. TRIPLETT

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Fem. 1

5. Color or race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 21 (Day) 1937 (Year)

8. AGE: Years 6 yrs Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Arthur Triplett
13. Birthplace Grays Ridge, (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Clara Belle Stevens
15. Birthplace Stoddard Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Arthur Triplett

(b) Address East Prairie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Triplett cemetery

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie Mo

19. (a) 11-3-1943 (Date received local registrar) (b) Fannie E. Brigman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 4th, 1943 to 4th, 1943 that I last saw her alive on Oct. 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Convulsion

Due to Bright's Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

85

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. J. Martin (M. D. or other)

Address East Prairie Mo Date signed 10/7/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1143-1444
Date Filed 11-11-43

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. 2926

P. O. Address East Prairie, 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.