

STANDARD CERTIFICATE OF DEATH

State File No. **15382**

FILED APR 24 1946

Registration District No. **323**

Primary Registration District No. **4479**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Queen City**
(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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Queen City**
(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 **March** day **18**
year **1946** hour _____ minute **30 AM**

21. I hereby certify that I attended the deceased from
Mar 18 1946 to **Mar 18** 1946
that I last saw **aw** alive on **Mar 18** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**
Due to **no known reason**

Duration

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 **A. P. Drake** (Date received local registrar) **2-18-46**
Address **Queen City** Date signed **2-18-46**

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

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

7. Birth date of deceased **Mar 18 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **5 hr. 30 min.**

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

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name **Lawrence Edward Triplett**
13. Birthplace **Queen City Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Emogene Brown**
15. Birthplace **Schuyler Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lawrence Triplett**
(b) Address **Queen City Mo**

17. (a) **Burial** (b) Date thereof **Mar 19 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest View**
Wagon Creek

18. (a) Signature of funeral director **Wagon Creek**
(b) Address **Queen City Mo**

19. (a) **Mar 20 1946** (b) **Mrs. R. F. Drake**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 4-46-839

Date Filed APR 22 1946

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 Ernest

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm J West

Licensed Embalmer No. 2882

P. O. Address Quincy

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.