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FILED JUN 11 1943
Registration District No. 1570

Primary Registration District No. 6258

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

1. PLACE OF DEATH:
(a) County WAYNE
(b) City or town RURAL SAINT FRANCIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MILES NORTH/EAST of Greenville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ONE YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WAYNE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MILES NORTHEAST OF Greenville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROBERT MARSHALL TRIPP
(b) If veteran, name war NO. (c) Social Security No. NONE.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4th
year 1943 hour 8 minute 55P. M.
21. I hereby certify that I attended the deceased from
Nov. 6, 1942 to May 4, 1943

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife MARTHA E. TRIPP 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased DECEMBER 24 1869
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary tuberculosis Duration 3010yrs

8. AGE: Years Months Days If less than one day
73 4 10 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 130

9. Birthplace LAWRENCEBURG TENN.
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING.
MOTHER FATHER { 12. Name WILLIAM FRANCES TRIPP
13. Birthplace LAWRENCEBURG TENN.
(City, town, or county) (State or foreign country)
14. Maiden name MARY E. DIAL
15. Birthplace MURRAY COUNTY TENN.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant CHARLES L. TRIPP
(b) Address MALDEN, MO. ROUTE 2
17. (a) Burial (b) Date thereof 5-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BOUNDS CREEK CEMETERY
18. (a) Signature of funeral director DAY FUNERAL HOME
(b) Address MALDEN, MO.
19. (a) 5-5-43 (b) Inez Dennett
(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 _____
23. Signature John F. Waguer (M. D. or other) M. D.
Address Greenville, Mo Date signed 4-5-43

RECEIVED

District Health Officer No. 4

District File Number 643-2258

Date Filed 6-5-43

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.....

Licensed Embalmer No. 4086

P. O. Address Malden, 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.