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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41872A

FILED APR 23 1947

Registration District No. 39 Primary Registration District No. 6261 Registrar's No. 72

1. PLACE OF DEATH:
County Webster
(b) City or town Rogersville WEST BENTON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL ROUTE # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rogersville,
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY TRAGO
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Madge Trago
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 23, (Day) 1884 (Year)
8. AGE: Years 46 Months 0 Days 19 If less than one day hr. min.
9. Birthplace Cisne, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business None
FATHER 12. Name George W. Trago
13. Birthplace Cisne, (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Alice Harry
15. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Madge Trago
(b) Address RFD# 3, Rogersville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/1930 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 4-15-47 (Date received local registrar) (b) Lester W. Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12, year 1930 hour 8: minute 35 A.M.
21. I hereby certify that I attended the deceased from 1928, 19, to 12/12/30, 19; that I last saw him alive on 12/1/30, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arterio-sclerosis	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

97

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 J. D. Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 3/23/47

342

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 447-49 S
Date Filed APR 22 1947

MAY 2 1947

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 Jewell E. Mindly

Licensed Embalmer No. 2831

P. O. Address Springfield, 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.