

1939 JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43385
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township _____ Primary Registration District No. 2697 Registered No. 915
 (c) City SPRINGFIELD (d) Street No. Bunge Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NAOMI TRUSSELL

(a) Residence, No. _____ St. Montague Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1934

7. AGE 4 YEARS MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Christian Co (STATE OR COUNTRY)

FATHER 13. NAME Lloyd Russell

14. BIRTHPLACE (CITY OR TOWN) Christian Co. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bessie Ellington

16. BIRTHPLACE (CITY OR TOWN) Christian Co (STATE OR COUNTRY)

17. INFORMANT Lloyd Russell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland MO DATE Dec 18 1939

19. FUNERAL DIRECTOR (NAME) Maples Funeral Home (ADDRESS) Cleves, Mo

20. FILED 12/18 1939 Chas. A. George M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1939, to 12-16, 1939. I last saw h. er alive on 12-16, 1939. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

Staphylococcus aureus Date of onset 12-18-39

Other contributory causes of importance: Sepsis 12-15

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) Walter B. Bisset M. D. (Address) Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT TO BE MADE BY THE EMBALMER
REGARDING THE BODY OF THE DECEASED
PLACED IN A CASK

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 *J.W. Maples*

Licensed Embalmer No. *2985*

P. O. Address *Clene 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, above space should be left blank.