

PR 23 1940

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 78

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington, Mo.
 (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 2
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME SARAH ELIZABETH TRUDO
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James N. Trudo
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 10 1861
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 26
 year 1940 hour 10 minute 30A M.
 21. I hereby certify that I attended the deceased from Jan 25
 _____, 1940, to March 26, 1940
 that I last saw her alive on March 18, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Anginal attack Duration 1 hr.

8. AGE: Years Months Days If less than one day
79 0 16 hr. min.

Due to Coronary Disease 2 1/2 yrs.
 Due to _____

9. Birthplace Trondale, Missouri
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
None

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Snowden
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Hall
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs. Eugenie Emley
 (b) Address Farmington Mo
 17. (a) Burial (b) Date thereof March 28, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation B. J. Cemetery

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? _____

18. (a) Signature of funeral director Chas. H. Hill Co.
 (b) Address 213. Genlan St. Bonne Terre
 19. (a) April 4-1940 (b) B. S. Robinson
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. E. Walters (M. D. or other) 1
 Address Farmington, Mo Date signed 3-29-40

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 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.....

C. J. Claywell

Licensed Embalmer No. *3796*

P. O. Address *Boone Ford, 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.