NOV 20 1940

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

35774
Do not use this space.

1. PLACE OF DEATH
(a) County: Macon — Registration District No.: 5-31
(b) Township: Chariton — Primary Registration District No.: 4317 — Registered No.:
(c) City: Ethel Mo — (d) Street No.: 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: George Eugene Trautman
(a) Residence, No.: Ethel Mo St.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~: Martha Trautman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 8 1861
7. AGE: Years 59 — Months 7 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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) (STATE OR COUNTRY): Mo

FATHER
13. NAME: James Trautman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Martha Jane Ruttiff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Martha Trautman Ethel Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ethel DATE: Oct 14 1940

19. FUNERAL DIRECTOR (ADDRESS): Henry C Young Ethel Mo

20. FILED: Oct 14 1940 J. G. Shackelford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 13 1940 Oct 13 1940

22. I HEREBY CERTIFY, That I attended deceased from March 23 1940 to Oct 13 1940
I last saw him alive on Oct 13 1940 Death is said to have occurred on the date stated above, at 7:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
and Cerebro Spinal	
Syphilis	

Other contributory causes of importance:

Name of operation: Colloidal Gold Date of: 7/24/40
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? —
If so, specify:
(Signed) D. Hammond M. D.
(Address) Ethel Missouri

(Licensed Embalmer's Statement on Reverse Side) Dated Oct 16 - 1940

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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RECEIVED
District Health Officer No. 10
District File Number 11-40-2028
Date Filed NOV 8 1940

STATEMENT BY LICENSED EMBALMER

I, Henry C Young, Licensed Embalmer No. 3902

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Henry C Young

Licensed Embalmer No. 3902

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.)