

Registration District No. 65 **FILED DEC 20 1940** Primary Registration District No. 4388 Registrar's No. 114

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 600 Highland Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 600 Highland  
0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10, 1940 to Nov 22, 1940  
that I last saw him alive on Nov 22, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning. Duration 1 week

Due to Chronic Renal Nephritis ?

Due to \_\_\_\_\_

Other conditions Cerebral Apoplexy. 3 days  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 12/1  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Maurice Chester Trumbull

8. (b) If veteran, name war x none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mossie Pauline Trumbull 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October - 3 - 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 19 If less than one day \_\_\_\_\_ min.

9. Birthplace Bath, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Operator + Contractor

11. Industry or business Oil

MOTHER FATHER { 12. Name James Trumbull

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Trumbull  
(b) Address Pease, N. Y.

17. (a) Burial (b) Date thereof 11/25/40  
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.  
18. (a) Signature of funeral director W. Ferguson Co.  
(b) Address Caruthersville, Mo.

19. (a) Nov 30, 1940 (b) Ada Martin  
(Date received local registrar) (Registrar's signature)

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.

12-40-33

JAN 21 1957

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. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Conthsville, 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.