

STANDARD CERTIFICATE OF DEATH

State File No. 4747

MAILED FEB 18 1941

Registration District No. 887 Primary Registration District No. 1182 Registrar's No.

1. PLACE OF DEATH:

(a) County Wash
(b) City or town Cadet Union Bur
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash 110
(c) City or town Cadet 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 26 day 1940
year hour 3 PM minute M.

21. I hereby certify that I attended the deceased from 11-26, 1940, to Nov 26, 1940;
that I last saw h. in alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to JJA
Due to

Duration

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.

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature G.F. Cresswell (M. D. or other)
Address P.O. Box Mo Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

3. (a) PRINT FULL NAME Winifred Leas Trokey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 11 - 1940 (Month) (Day) (Year)
8. AGE: Years Months Days 15 If less than one day hr. min.
9. Birthplace Cadet Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name Lawrence Trokey
13. Birthplace Cadet Mo (City, town, or county) (State or foreign country)
14. Maiden name Vera Gardner
15. Birthplace Cadet Mo (City, town, or county) (State or foreign country)
16. (a) Informant Lawrence Trokey
(b) Address Cadet
17. (a) Burial (b) Date thereof Nov 27 40 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines
18. (a) Signature of funeral director None
(b) Address
19. (a) Dec 19 1940 (b) G.F. Cresswell (Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.

P. O. Address.....

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.