

LED MAR 25 1941

Registration District No. 863

Primary Registration District No. 6137

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lexar
(b) City or town Rural Pinery Twp
(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 16 yrs years, months or days

3. (a) PRINT FULL NAME KATIE TROUTMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hubert Troutman 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Sept 4 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Houston (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____
12. Name Bon F. Habbel
13. Birthplace unknown Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mar young
15. Birthplace unknown Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Hubert Troutman
(b) Address Houston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Central Baptist

18. (a) Signature of funeral director Gaylad E. Elliott
(b) Address Houston, Mo.

19. (a) Mar 4 1941 (Date received by Registrar) (b) Mabel Shacklett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lexar 107
(c) City or town Rural 0
(If outside city or town limit, write "RURAL")
(d) Street No. 1/2 miles North Houston, Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1941 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Mar 3 1941,
to Mar 3 1941,
that I last saw her alive on Mar 3 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Decompensted Heart
Due to Hypertensive Cardio-renal vascular disease
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 12/10
Of autopsy _____

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 E. M. Dillman (M. D. or other) M.D.
Address Houston 140 Date signed 3-4

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

07
0
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RECEIVED

District Health Officer No. 5,

District File Number 341375

Date Filed _____

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.