

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15137**
Registrar's No. **6**

Registration District No. **1022**

Primary Registration District No. **5732**

1. PLACE OF DEATH:

(a) County **Maries**
(b) City or town **Vienna**
(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)

3. (a) PRINT FULL NAME **John A. Trogden**

8. (b) If veteran, name war. No. 8. (c) Social Security

4. Sex: **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Harriet Trogden** 6. (c) Age of husband or wife if alive **1859** years

7. Birth date of deceased **Nov. 17** (Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **14** If less than one day hr. min.

9. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer & carpenter**

11. Industry or business

MOTHER FATHER { 12. Name **Aaron Trogden**
13. Birthplace **Tennessee** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Whitlock**
15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Leslie Trogden**
(b) Address **Vienna, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **4-23-41** (Month) (Day) (Year)
(c) Place: burial or cremation **Kenner Cem.**

18. (a) Signature of funeral director **Vienna, Mo.**
(b) Address

19. (a) **4-21-41** (Date received local registrar) (b) **Sarah Robertson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Maries**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Rural - Dry Creek** (If rural, give location)
(e) If foreign born, how long in U. S. A. **08** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **1** year **1941** hour **about 4** minute **15** M.

21. I hereby certify that I attended the deceased from **19** to **19**

that I last saw him **alive** and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Due to **Hypertension**

Due to **Arteriosclerosis**

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 **W. C. Howard** (M. D. or other) Address **Vienna, Mo.** Date signed **4/18/41**

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, above space should be left blank.