

FILED MAY 12 1941

16203

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. ~~200~~ 906

Primary Registration District No. ~~6218~~ 6218

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartsville (Rural) Bunk  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
North of Hartsville 5 mi.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 68 yrs.

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Hartsville - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. North of Hartsville 5 mi.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BETTIE TROUT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17  
year 1941 hour 15 minute 15 P.M.

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

6. (b) Name of husband or wife Charles W. Trout 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan. 2 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 3 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs

9. Birthplace Unknown Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Bradford

13. Birthplace Unknown Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Penner

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

PHYSICIAN \_\_\_\_\_

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature J. Thomas Bradford

(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof Apr. 21 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harquelem

18. (a) Signature of funeral director Gene E. Helgren

(b) Address Hartsville Mo

19. (a) 4-20-41 (b) W.S. Wynn  
(Date received local registrar) (Registrar's signature)

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? 7

833 (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J.A. Steffe (M.D. or other) \_\_\_\_\_

Address Manfield Hwy Date signed Apr 17-41

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

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.

1 X10511

RECEIVED

District Health Office NS 01

District No.

541-770

Date Filed

MAY 19 1969

**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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville Md

**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.**