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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Honorary 18353  
State File No. 18353

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 46

1. PLACE OF DEATH: Macon  
 (a) County Macon  
 (b) City or town Macon  
 (c) Name of hospital or institution: 115 South Union  
 (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 Angeline Trowbridge  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan'y 10-1853  
 (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 6 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Batavia N. Y.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

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

MOTHER FATHER  
 12. Name David Minard  
 13. Birthplace Dont Know  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Brunkerhoff  
 15. Birthplace N. Y.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C H Payson  
 (b) Address Macon

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

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Albert S. K...  
 (b) Address Macon Mo

19. (a) 6/6/41 (b) Leola Hunter  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Macon  
 (c) City or town Macon  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 115 South Union  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
 year 1941 hour 8.15 minute a M.

21. I hereby certify that I attended the deceased from May 22, 1941 to May 16, 1941  
 that I last saw her alive on May 15, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular disease

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

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

Major findings:  
 Of operations \_\_\_\_\_  
 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?  
476 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr Honorary (M. D. or other) \_\_\_\_\_  
 Address Macon Mo Date signed 5/25/41

Duration 500 more years  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

JUL 16 1943

RECEIVED

District Health Officer No. 10

District File Number 6-41-1124

Date Filed JUN 13 1941

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 George Phil

Licensed Embalmer No. 4066

P. O. Address Macon, 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, fact should be so stated above.