No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24876

Registration District No. 204 Primary Registration District No. 30-132013 Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron, Mo. (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 years, months or days)
In this community 8 wks, at Home of Mrs Maudie Bromley

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Missouri (b) County Sullivan
(c) City or town ✓ (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Wm H. Trotter
3. (b) If veteran, name war XXXX
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Sarah Trotter
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased April (Month) 5 (Day) 1885. (Year)

8. AGE: Years 56 Months 3 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Dekalb Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name P. A. Trotter
13. Birthplace DeKalb Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Manda Rogers
15. Birthplace Mercer, Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Floza Belle Parks
(b) Address Cameron, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cem, Sullivan Co. Mo.
18. (a) Signature of funeral director C. A. Moore
(b) Address Cameron, Mo.
19. (a) July 16 #1941 (Date received local registrar) (b) D. E. H. Risley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th. year 1941 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 6th, 1941, to July 15th, 1941; that I last saw him alive on July 15th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Due to Chronic myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. L. Darvay D.O. (M. D. or other)
Address Kidder Mo Date signed 7-16-41

(Licensed Embalmer's Statement on Reverse Side)

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 O A Moore

Licensed Embalmer No. 1180

P. O. Address Cameron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24876

Registration District No. 204 Primary Registration District No. 3013 Registrar's No. 26

1. PLACE OF DEATH

(a) County Clinton

(b) City or town Cameron
(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 Sullivan

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

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wm H. Trotter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Sept 18 1941 (Date received local registrar) (b) D H C H Risley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1941 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-24876