

FILLED NOV 14 1941

State File No.

Registrar's No. 1057

Registration District No. 33

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph No. 101  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
In this community 4 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Molly Troutman

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

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

6. (b) Name of husband or wife Fred Troutman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb 22 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business None

12. Name Nim Cannon

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

14. Maiden name Ella Adkins Missouri

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

16. (a) Informant Fred Troutman

(b) Address Faucett, Missouri

17. (a) Burial (b) Date thereof 10/5-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn, Mo. Cem.

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn, Missouri

19. (a) 10-4-1941 (b) H. J. Neathack  
(Date received local registrar) (Registrar's signature) M.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town Faucett Missouri, Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. None 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd,  
year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Sept 5 1941, to Oct 7 1941;  
that I last saw her alive on Oct 7 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Sudden

Due to Lobar Pneumonia Sept 13.  
Resolved.

Due to Prolapsis Uteris 10 yrs.

Other conditions 188  
(Include pregnancy within 3 months of death)

Major findings: Vaginal hysterectomy  
Of operations Sept 6-41  
Of autopsy Refused.

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 D

23. Signature H. S. Sausal (M. D. or other) M. D.  
Address St Joseph Mo Date signed 10-3-41

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

MOTHER FATHER

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**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

*Russell Davis*

Licensed Embalmer No. *4160*

P. O. Address *Deartom 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.**