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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34494

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 291

14
1
2

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

1. PLACE OF DEATH: Callaway
(a) County
(b) City or town Fulton Ohio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ~~Callaway~~ Ralls 14
(c) City or town ~~Fulton~~ Davis ~~Mo~~ 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Tom Trail
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased (Month) (Day) 1868 (Year)

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Mo O (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business
MOTHER FATHER
12. Name D/K
13. Birthplace D/K 9 (City, town, or county) (State or foreign country)
14. Maiden name D/K
15. Birthplace D/K 9 (City, town, or county) (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof OCT 26 41 (Month) (Day) (Year)
(c) Place: burial or cremation TROY - Mo
18. (a) Signature of funeral director J. J. Marsh
(b) Address Troy Mo
19. (a) 10-24/41 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Oct, year 1941 hour 3-15 minute a M.
21. I hereby certify that I attended the deceased from 10/20, 1941, to 10/24, 1941; that I last saw him alive on 10/23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to Senile Phlebosis	
Due to (Delineated Type)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 107	

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) No
(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 O
23. Signature George W Reeves (M. D. or other) M D
Address Fulton Mo Date signed 10/24/41

106 (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 Joseph J. Marsh

Licensed Embalmer No. 3282

P. O. Address Troy Mass

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.