

BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35567

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Monroe
(b) City or town: Rural, Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 years
(Specify whether years, months or days)
In this community: 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monroe
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #2, Paris
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARGARET D. TROKELL

3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William W. Trokell
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: October 1, 1869
(Month) (Day) (Year)

8. AGE: Years: 72 Months: 4 Days: 14
If less than one day hr. min.

9. Birthplace: Pratt County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER, FATHER {
12. Name: Jacob Miller
13. Birthplace: Pa.
(City, town, or county) (State or foreign country)
14. Maiden name: Anna Niswander
15. Birthplace: Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant: William W. Trokell
(b) Address: Paris, Mo.

17. (a) Removed (b) Date thereof: Oct. 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mexico, Mo.
18. (a) Signature of funeral director: Earl E. Pruitt
(b) Address: Mexico, Mo.

19. (a) 10-14-41 (b) F. A. Barnett, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 14
year: 1941 hour: 12 minute: 05 AM

21. I hereby certify that I attended the deceased from: Oct 4 1941 to: Oct 14 1941
that I last saw him alive on: Oct 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Duration: 76 hrs

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)
(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: _____

23. Signature: Geo M. Repelle M.D. or other: MD
Address: Paris, Mo. Date signed: 10/14/41

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

9
0
0

RECEIVED

District Health Officer No. 10

District File Number 11-41-2073

Date Filed NOV 14 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.....

Earl E. Prudis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Prudis

Licensed Embalmer No. 3189

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