

FILE DEC 13 1941
Registration District No. 3

Primary Registration District No. 4194

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Spickard
(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 79 47 years, months or days

8. (a) PRINT FULL NAME William Henry Trout
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Trout 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 16 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name John Trout
13. Birthplace Ohio
14. Maiden name Elizabeth Parr
15. Birthplace Ohio

16. (a) Informant Lennie Whittlyme
(b) Address Trout Mo 1313 Lulu St.

17. (a) Burial (b) Date thereof Dec-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem Spickard Mo

18. (a) Signature of funeral director W. C. Scholes

(b) Address Spickard Mo.

19. (a) Dec 2 1941 (b) Mal Wilcox Vaughn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy
(c) City or town Spickard
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15
1941 to Dec 1 1941
that I last saw him alive on Nov 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
complicated with Epilepsy

Due to _____
Due to _____
Other conditions 330
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. W. Brown (M. D. or other) MD
Address Spickard Mo Date signed 12-1-41

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

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..... *Cross Wise*

Licensed Embalmer No. *3771*

P. O. Address. *Spickard 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, above space should be left blank.