DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 685

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6016

Primary Registration District No. [illegible]

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days) In this community 4 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DeKALB

(c) City or town Maysville (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 GENORA R. TRUSSELL

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ERNEST R. TRUSSELL

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased NOVEMBER (Month) 4 (Day) 1918 (Year)

8. AGE: Years 23 | Months 3 | Days 6 | If less than one day ____ hr. ____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business ____

FATHER

12. Name WILLIAM PISHER

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

MOTHER

14. Maiden name MOLLY PALMER

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

16. (a) Informant's own signature ERNEST R. TRUSSELL

(b) Address Maysville, Mo.

17. (a) Amity Cem. (Burial, cremation, or removal) (b) Date thereof 2-12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation AMITY

18. (a) Signature of funeral director Tilcher Funeral Home

(b) Address Maysville Mo.

19. (a) 2/10/42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10. day Feb. year 1942 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 6, 1942 to Feb. 10, 1942 that I last saw her alive on Feb. 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of the Heart.	
Due to Operation for Chronic Meningitis.	
Due to 390.1	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Chronic adhesive Meningitis Specific Organism Unknown

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? ____ (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other) D.O.

Address 823 Forum Bldg St Joseph Mo Date signed 2-10-42

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

MARGIN RESERVED FOR BINDING

50M-5-17-39
Rev. 5-17-39
I X19311

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. ~~3960~~,

working under my personal supervision.

Signed C. T. Fulcher

Licensed Embalmer No. 3960

P. O. Address Maysville, 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.