No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6080

State File No.

Registration District No. 94 Primary Registration District No. 4036 Registrar's No.

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Breckenridge town
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community 9yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Breckenridge 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Brank Trosper
3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Mina A. Trosper
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 14 (Day) 1859 (Year)
8. AGE: Years 82 Months 6 Days 25 If less than one day hr. min.
9. Birthplace Breckenridge, (City, town, or county) Mo (State or foreign country) N
10. Usual occupation Farmer -Banker
11. Industry or business
FATHER 12. Name Robert B. Trosper
FATHER 13. Birthplace Barbourville (City, town, or county) Ky (State or foreign country) /
MOTHER 14. Maiden name Nancy Connor
MOTHER 15. Birthplace Unknown (City, town, or county) N. Car. (State or foreign country) /
16. (a) Informant Robert B. Trosper
(b) Address Breckenridge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-42. (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.
18. (a) Signature of funeral director Bernard L. Mead
(b) Address Braymer, Missouri
19. (a) 2-10-42 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1942 hour 2 minute 15p. M.
21. I hereby certify that I attended the deceased from Feby 4 1942, 19..., to Feby 9 1942, 19..., that I last saw him alive on Feby 4 1942, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Arteriosclerosis	
Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131 P	

Major findings:
Of operations No operation
Of autopsy none

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 William L. Cliffin M. D. or other M.D.
Address Breckenridge Date signed 2-10-42.

1151 (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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Graymer, 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.