S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6229

MAR 18 1942

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 68.

1. PLACE OF DEATH:

(a) County Cape.

(b) City or town Cape Girardeau. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Six weeks. (Specify whether

In this community Six weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard. 0

(c) City or town Parma Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Francis Viola Trammel.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Ross Trammell,

6. (c) Age of husband or wife if alive 47, years

7. Birth date of deceased April 22, 1904. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	10	0	hr. min.

9. Birthplace near Gideon Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation houswife

11. Industry or business

FATHER
12. Name Sam Garner 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Riles, 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ross Trammell,

(b) Address Parma, Missouri.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery.

18. (a) Signature of funeral director J. O. Niswonger

(b) Address Parma, Missouri.

19. (a) 2-26-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 12-20 1941 to 2-22 1942 that I last saw alive on 2/22/42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Valvular Cardiac

Due to DIS

Due to Nephritis Ch

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 b

Of autopsy

Duration

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 0

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

Address Cape Girardeau Date signed 3/27/42

1614 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 4

District File Number 342-262

Date Filed 2-16-42

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 B. J. Berentinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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.