

FILED **APA** 22 1942
Registration District No. **1044**

Primary Registration District No. **3008**

State File No. _____
Registrar's No. **110**

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Gulton
(c) Name of hospital or institution: State Hospital No 1 2
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 3 yrs - 9 mo
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Noah Trout
3. (b) If veteran, name war 1918
3. (c) Social Security No. 076

4. Sex M. 0 **5. Color or race** W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Ellen Trout
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9/6 13 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name David Trout

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

14. Maiden name Mary Frances Sumner

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

16. (a) Informant Record

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Mar 31 42
(Month) (Day) (Year)

(c) Place: burial or cremation Highway Grove

(a) Signature of funeral director Albert Keith

(b) Address Memphis Mo

19. (a) 3-30 (Date received local registrar) **(b) Joe Morantoff** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland **014**
(c) City or town Memphis (If outside city or town limits, write "RURAL") **2**
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 30
year 1942 hour 12-33 minute 0 M.

21. I hereby certify that I attended the deceased from 3/27, 1942, to 3/30, 1942
that I last saw him alive on 3/30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Thor Degenerative
Due to Generalized Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

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 0

23. Signature George H. [Signature] (M. D. or other) M.D.

Address Gulton Mo Date signed 3/30/42

Duration 5 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Albert Gerth*

Licensed Embalmer No. *3689*

P. O. Address *Memphis 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.