

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 5445

Registrar's No. _____

FILED MAY 28 1942

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

1. PLACE OF DEATH Greene

(a) County Greene

(b) City or town Washington S. Rural
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Missouri (b) County Webster

(c) City or town Rogersville Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Henry A. Trail

(b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 14
year 1942 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from 12/27
1937, to 3/14, 1942
that I last saw h. in alive on 3/4, 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maudie

6. (c) Age of husband or wife if alive 73 years
(Month) (Day) (Year)

7. Birth date of deceased Oct. 11 1865
(Month) (Day) (Year)

Immediate cause of death Heart Disease
(Arterio sclerotic type)
with hypertension
+ nephrosclerosis

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Trail

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

14. Maiden name Sarah Ann Pegg

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

16. (a) Informant Mrs. Maudie Trail

(b) Address Rogersville Mo R#

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cemetery

18. (a) Signature of funeral director Kelley - Ferrell

(b) Address Rogersville Mo.

19. (a) 5-5-1942 (b) Mrs. Frank Smith
(Date received local registrar) (Registrar's signature)

Major findings: 13/a

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 2

23. Signature Guy D. Callaway (M. D. or other) _____
Address Springfield Mo Date signed 7/1/42

Duration 5yr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12-11

(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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Springer Ave

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.