

Registration District No. 5-82

Primary Registration District No. 4344

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

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town PARIS, MO.  
(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 80 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE CO  
(c) City or town PARIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES THOMAS TRUSSELL

3. (b) If veteran, name war  3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LENA TRUSSELL 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased JAN 6 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 25 If less than one day  hr.  min.

9. Birthplace MONROE, CO. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation STONE MASON

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name COLEMAN TRUSSELL  
13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name MILDRED WILLIS  
15. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. C. Barton  
(b) Address Paris, Mo.

17. (a) BURIAL (b) Date thereof APR 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE, PARIS

18. (a) Signature of funeral director [Signature]  
(b) Address Paris, Mo.

19. (a) 5-1/42 (b) E. H. Agnew  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1st  
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Duration 2 min

Due to \_\_\_\_\_

Due to 94%

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 [Signature]  
Address Madison Mo. Date signed 5/4/42

1874

RECEIVED

District Health Officer No. 10

District File Number 5-42-989

Date Filed MAY 14 1942

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 E. H. Agnew,

Licensed Embalmer No. 4000

P. O. Address Paris, 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.