

FILED MAY 13 1942

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. _____

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti 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

3. (a) PRINT John Mark Trautman
FULL NAME ~~not named~~

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Johnie Troutman
13. Birthplace Hayti Mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Merhle Gray
15. Birthplace St. James Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mark Troutman
(b) Address Hayti Mo.

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Dry Bayou.

18. (a) Signature of funeral director Ray Funeral Home
(b) Address Hayti Mo.

19. (a) 4-30-42 (b) Mrs. A. H. Shively
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1942 hour 3 minute 0 p. M.

21. I hereby certify that I attended the deceased from April 25 1942 to April 29 1942
that I last saw him alive on April 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia

Due to _____
Due to _____

Other conditions bronchopneumonia 2 1/2 lbs. > than 2 lbs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
159

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. H. Shively (M. D. or other)
Address Hayti, Mo. Date signed 5-1-42

5-42-12

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

Not Embalmed.

....., Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.