

FILED AUG 21 1942
Registration District No. **492**

Primary Registration District No. **5652a**

Registrar's No. _____

57
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Rural - Monroe**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles N.W. of Winfield
(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 **Missouri** (b) County **Lincoln**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 miles N.W. of Winfield**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE FILLMORE TRESSCOTT**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Kitty Celma Tresscott** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **March 6 1876**
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Davenport Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business _____

12. Name **E. Nos Tresscott**

13. Birthplace **Penn. (Pa)**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Meller**

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

16. (a) Informant **wife**

(b) Address **Winfield**

17. (a) **Burial** (b) Date thereof **7-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Winfield Cem.**

18. (a) Signature of funeral director **Edwin Ricks**

(b) Address **Winfield, Mo.**

19. (a) **July 9-42** (b) **Mr Susan Bism**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **8**
year **6** hour **65** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 26, 1942, to July 8, 1942**
that I last saw him alive on **July 7, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic Myocarditis**

Due to _____

Due to **93d**

Other conditions **Old age**
(Include pregnancy within 3 months of death)

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 _____

23. Signature **Dr. J. J. Allred** (M. D. or other) _____

Address **Winfield Mo** Date signed **7/9/42**

Duration

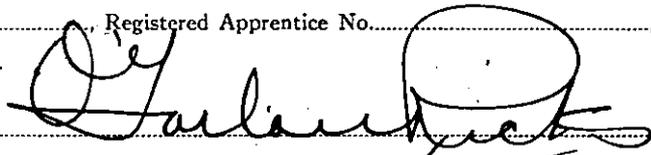
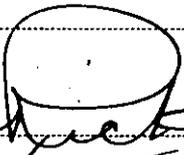
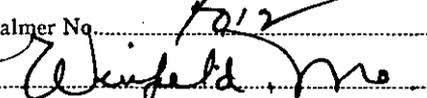
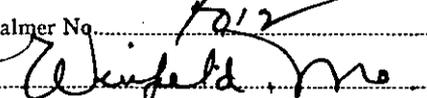
PHYSICIAN

Underline the cause to which death should be charged statistically.

1125

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.....
.....
working under my personal supervision.

Signed..... 
Registered Apprentice No. 
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, fact should be so stated above.