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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED DEC 12 1942

STANDARD CERTIFICATE OF DEATH

State File No. 36789

Registration District No. 46

Primary Registration District No. 5153

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Kia Kingston Twp. 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 FULL NAME George P Trotter

3. (b) If veteran, name war none

3. (c) Social Security 487-07-9891

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Early May Trotter

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 30 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name P. A. Trotter

13. Birthplace Dekalb Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Landa Trotter

15. Birthplace Dekalb Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. P. Trotter

(b) Address Hamilton, Mo. R. 7

17. (a) Burial (b) Date thereof NOV. 11th.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem Cameron, Mo.

18. (a) Signature of funeral director C. Moore

(b) Address Cameron, Mo.

19. (a) 11-12-42 (b) Mrs. Susan Bridgewater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County KCaldwell

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

(d) Street No. Kingston Twp Rural
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th.
year 1942 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 15, 1941, to Nov 10, 1942
that I last saw him alive on Nov 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Cirrhosis of the liver.

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

Major findings: Of operations 124 p1

Of autopsy _____

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 _____

942 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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature A. L. Dawsey, D.O. (M. D. or other) _____

Address Priddy, Mo. Date signed 11-10-42

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.....

Licensed Embalmer No. *1180*

P. O. Address *Cameron, 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.