

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 5 1942  
Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 840

39  
62

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

1. PLACE OF DEATH: **GREENE**

(a) County **Springfield**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Springfield Baptist Hospital**  
(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: **Greene 39**

(a) State **Missouri** (b) County **Christian 0**

(c) City or town **Republic**  
(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.? **1** years.

3. (a) PRINT FULL NAME **T. Trimble, Mrs Mary**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **21<sup>st</sup>**  
year **1942** hour **12** minute **05 AM**

21. I hereby certify that I attended the deceased from **Nov 18**  
19**42**, to **1942**;  
that I last saw her alive on **11/20**, 19**42**  
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **W. S. Trimble** 6. (c) Age of husband or wife if alive **Dec. years**

7. Birth date of deceased **Oct 14** **1840**  
(Month) (Day) (Year)

Immediate cause of death **Fracture of left hip & left arm**

Due to **1860**

Due to **18**

Other conditions **Terminal pneumonia**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

8. AGE: Years **102** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **Knoxville Tenn. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

12. Name **Thomas Watson**

13. Birthplace **Knoxville Tenn. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Holder, Julia**

15. Birthplace **Knoxville - Tenn. 1**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 133**

(b) Date of occurrence **11/18 42**

(c) Where did injury occur? **Springfield Greene Co Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
(Specify type of place)

While at work? **No** (e) Means of injury **a fall**

16. (a) Informant **Mrs C. C. Reap**

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

17. (a) **Burial** (b) Date thereof **Nov 22, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **H. B. Thurman**

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

19. (a) **11-21-42** (b) **H. W. Handy**  
(Date received local registrar) (Registrar's signature)

23. Signature **Sam D. Callaway** (M. D. or other) **M.D.**

Address **Springfield Mo** Date signed **11/21/42**

**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 *R. E. P. [Signature]*

Licensed Embalmer No. *503*

P. O. Address *Republic [Signature]*

**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.**

X