

Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
917 Locust 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 20 yrs  
years, months or days

3. (a) PRINT FULL NAME Margaret Troett

3. (b) If veteran, name war one

3. (c) Social Security No. no

4. Sex fe

5. Color or race wh

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

6. (b) Name of husband or wife Charles W. Trout

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 6 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 17

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ind 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

12. Name Charles Black

13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martin Landis

15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Trout

(b) Address 917 Locust

17. (a) Burial (b) Date thereof Mar 26 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Washington

18. (a) Signature of funeral director W. C. K. Foster

(b) Address 918 Broadway

19. (a) 3-24-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kennett  
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Locust  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23<sup>rd</sup>  
year 1943 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Mar 18  
1943 to Mar 23<sup>rd</sup> 1943  
that I last saw h. lx alive on Mar 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency  
(chronic) Duration ?

Due to arteriosclerosis (chronic) ?

Due to 92 B

Other conditions acidosis  
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. H. Lane (M. D. or other) M.D.  
Address 906 Grand Ave Date signed 3/24/43

APR 24 1944

Attest  
1074

J. W. Lane  
906 Grand  
W. 3154

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..... 16231  
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.