

S. No. 2
M-5-42
5-17-43
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13802

MAY 13 1943

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 462

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 104 South 13th
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH JANE TRULLINGER

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

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

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

7. Birth date of deceased Aug 22 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>24</u>	<u>hr. min.</u>

9. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name James F. Shell

13. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Cain

15. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Estes

(b) Address 104 South 13th Street,

17. (a) burial (b) Date thereof 4/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

Place of burial or cremation Miriam Cemetery, Maryville, Mo.

Signature of funeral director St. Joseph, Mo.

19. (a) 4-19-43 (b) Rose Gergoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from April 2
March 22 1943 to April 16 1943;
that I last saw her alive on April 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Stomach

Due to to free base

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

Major findings:
Of operations 468

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

(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) (b) Means of injury

23. Signature Welfone Bond (M. D. or other) M. D.
Address Welfone Bond Date signed 4/19/43

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

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 *April 16-4*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Frank A. Browning*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph*

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.