V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17737

State File No.

FILED JUN 9 1943

Registration District No. 79 Primary Registration District No. 5380 Registrar's No. 115

32
0
0

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

1. PLACE OF DEATH:
(a) County De Kalb
(b) City or town Washington (Town)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 7 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County De Kalb 32 0
(c) City or town Stewartsville RR 2
(If outside city or town limits, write "RURAL")
(d) Street No. Washington (Township)
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary F. Trimble
3. (b) If veteran, name war ✓
3. (c) Social Security No. 31-197

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. W. Trimble Dec'd
6. (c) Age of husband or wife if alive ___ years
7. Birth date of deceased April (Month) 15 (Day) 1864 (Year)

8. AGE: Years 79 Months 0 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Dairess Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business House keeper
FATHER
12. Name Geo Egbert
13. Birthplace not known 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Splawn
15. Birthplace not known 9 (City, town, or county) (State or foreign country)
16. (a) Informant Carl Trimble
(b) Address Stewartsville Mo RR 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Pattonsburg Mo
18. (a) Signature of funeral director L S Grover
(b) Address Pattonsburg Mo
19. (a) 5/28/43 (Date received local registrar) (b) C M Wingley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 9 minute A M.
21. I hereby certify that I attended the deceased from April 20, 1943 to May 5, 1943
that I last saw her alive on May 5, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Duodenum	
Due to	
Due to	
Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 C
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. R R Reynolds (M. D. or other) DO
Address Maysville Mo Date signed 5/10/43

(Licensed Embalmer's Statement on Reverse Side)

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.