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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

Registration District No. 101

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5406

State File No. 38136

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Seymour Lincoln
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(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 Henry Cowan Troutman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 525-07-3592

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Isadore Pomeroy Troutman 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October 22 1877 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 20 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name J. C. Troutman
13. Birthplace Unknown N. C. (City, town, or county) (State or foreign country)
14. Maiden name Mary Blyley
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Esther Hagan
(b) Address Harper Kansas
17. (a) Burial (b) Date thereof 11-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Goodrich, Kansas

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Avs, Missouri

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Seymour, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death caused by gunshot wound in upper part of left lung.

Due to loss of blood caused by gunshot

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

PHYSICIAN
Major findings: _____
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 Nov. 2, 1943
(c) Where did injury occur? Dogwood, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Parm home of Howard Garland (Specify type of place)
(e) Means of injury _____
23. Signature C. N. Clinkingbeard Coroner (M. D. or other)
Address Avs, Missouri Date signed 11-4-43

105 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 7 1943

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 *W.B. Hutchison*

Licensed Embalmer No. *3431*

P. O. Address *Ora, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 81

Registration District No. 101 Primary Registration District No. 5-406

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Seymour Trenchard Twp
(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 Henry Cowan Troutman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

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

8. AGE: Years 66 Months 0 Days _____ If less than one day, in _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Tenn

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-1-1943 (Date received local registrar) (b) Miss G. R. Spindock (Registrar's signature) deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 2 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 166

Major findings: Of operations _____

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) Homicide

(b) Date of occurrence Nov. 2, 1943

(c) Where did injury occur? South of Seymour, Douglas, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home of Howard Garland

While at work? No (Specify type of place) (e) Means of injury Gunshot wound

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

38136