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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42174

FILED JAN 7 1944

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: — Home Independence Twp
(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:

(a) State Missouri (b) County Dunklin 35

(c) City or town Kennett (Rural)
(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 — d

3. (a) PRINT FULL NAME Agnes Erma Lee Trout

3. (b) If veteran, name war — 3. (c) Social Security No. —

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

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

7. Birth date of deceased July (Month) - 25 (Day) - 1940 (Year)

8. AGE: Years 3 | Months 4 | Days 18 | If less than one day ..... hr. ..... min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Raymond Trout
13. Birthplace — (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Agnes Myross
15. Birthplace — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Raymond Trout
(b) Address Kennett, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kennett-Oak Lawn

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri

19. (a) 12/22/43 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1943 hour ..... minute 11:45 P.M.

21. I hereby certify that I attended the deceased from Dec 13 5 PM, 1943 to Dec 13, 1943 that I last saw her alive on Dec 13-5 PM, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis (?)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 131 P

Major findings:
Of operations .....

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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature Van H Bond (M. D. or other)

Address Harrisville Mo. Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 44-12
Date Filed 1-5-44

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.

Body not embalmed

Signed.....

Licensed Embalmer No.....

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.