

FILED FEB 10 1947

Primary Registration District No. 3023

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(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 50 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry ⁴²

(c) City or town Clinton mo ³
(If outside city or town limits, write "RURAL")

(d) Street No. 504 N 3rd St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Trushell

3. (b) If veteran, name war _____

3. (c) Social Security No. single

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

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

7. Birth date of deceased June 8 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Harrison Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Road Employee

11. Industry or business _____

12. Name Solomon Trushell

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

14. Maiden name Mary Corbett

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

16. (a) Informant Mrs Trushell

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastwood

18. (a) Signature of funeral director Carlson

(b) Address Clinton

19. (a) January 27, 1944 Georgia Kitchen
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-22 1943 to 1-25 1944
that I last saw him alive on 1-23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Valvular Endocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings:
Of operations _____

Of autopsy none

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) Means of injury _____

23. Signature Ed. C. Pellar (M. D. or other) MD
Address Clinton Mo Date signed 1/27/44

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

1/2
1
2

MOTHER FATHER

1009

RECEIVED

District Health Officer No. 7,

District File Number 1-44-127

Date Filed 2-9-44

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.

Signed J. E. Conzalez
Licensed Embalmer No. 1891

P. O. Address Clinton 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.