

No. 2
2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7015

FILED FEB 17 1944

State File No. _____

Registration District No. 93

Primary Registration District No. 4155

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Everton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Everton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Everton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Luvonia Trimble

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

20. DATE OF DEATH: Month January day 2
year 1944 hour 11 minute 20 P.A.M.

21. I hereby certify that I attended the deceased from JAN. 8
1942 to JAN. 5 DEC. 29 1944;
that I last saw her alive on Dec. 29 1944;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 22 1855
(Month) (Day) (Year)

Immediate cause of death
CORONARY OCCLUSION
Due to CORONARY SC/ROSIS

8. AGE: Years 88 Months 1 Days 11 If less than one day _____ hr. _____ min.

Due to BRONCHIAL PNEUMONIA 8 Days

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: Of operations 94a

11. Industry or business HOME

Of autopsy _____

12. Name Zabadee stockstill

13. Birthplace no record 9

14. Maiden name Rebecca Williams 9

15. Birthplace no record 9

16. (a) Informant Mrs. Ada Jones

(b) Address Everton, Mo.

17. (a) Burial (b) Date thereof Jan 4 '44

(c) Place: burial or cremation Friend Cemetery

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Missouri

19. (a) Jan 7 '44 (b) Phyllis Jack

(Date received local registrar) (Registrar's signature)

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) (e) Means of injury l

23. Signature G.F. Stage Jr (M.D. or other) DO

Address Evanta, Mo Date signed 1/4/44

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

RECEIVED

District Health Officer No. 8;

District File Number 244-223

Date Filed FEB 15 1944

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

Sam E. Gensmer

Licensed Embalmer No. 4099

P. O. Address. *Greenfield 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.