

V. S. No. 2
 OOM-5-43
 Rev. 5-17-39
 I X36571

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30240**
 Registrar's No. **3789**

FILED OCT 2 1944
 Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2736 Forest
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **x28 years**
(Specify whether years, months or days)

In this community **28 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Viola Trout**

3. (b) If veteran, name war **-- no**

3. (c) Social Security No. **None**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William Trout**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Oct. 24, 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	22hr.min.

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

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER {

12. Name **Selvester Merrik**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Trout**

(b) Address **2736 Forest,**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **9-20-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **K.C. Mo.**

19. (a) **9-19-44**
(Date received local registrar)

(b) **T. E. Brown**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2736 Forest**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
 year **1944** hour **2** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **6-7-42**
 19..... to **9-16-44** 19.....

that I last saw her alive on **9/16/44** 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**

Due to **hypertension**

Due to **Chronic myocarditis**

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

Major findings: **93 d**

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).....

(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.....

23. Signature **Dr. Fred [unclear]**
(M.D. or other)

Address **2748 Charlotte** **9-18-44**

2718 Charles St

107 - Be Murphy

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.....

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.