S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18360

FILED JUN 13 1945

Registration District No. 13 [illegible]

Primary Registration District No. 4482

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis
(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 Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis 99
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Seth Dale Trotter

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Edna

6. (c) Age of ~~husband~~ or wife if alive 56 years

7. Birth date of deceased Nov (Month) 13 (Day) 1880 (Year)

8. AGE: Years 64 Months 5 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Clark (City, town, or county) Co. Mo. (State or foreign country)

10. Usual occupation County Collector

11. Industry or business .....

FATHER
12. Name Lafayette Trotter
13. Birthplace Lewis (City, town, or county) Co. Mo. (State or foreign country)

MOTHER
14. Maiden name Eliza F. Morey
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Roberta Lucile Trotter
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 (Month) 1945 (Day) (Year)
(c) Place: burial or cremation Gorin Cemetary

18. (a) Signature of funeral director Geth Barnett
(b) Address Memphis Mo

19. (a) 5-8-1945 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1945 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Never attended him, 19..., to ....., 19...; that I last saw him alive on Dead May 1st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart block (Coronary Thrombosis)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94W

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 E. E. Symmonds (M.D. or other) DO

Address Memphis Mo Date signed May 7 1945

1043

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-45-1002
Date Filed JUN 12 1945

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis M

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.