

FILED FEB 7 1946

Registration District No. **2**

Primary Registration District No. **5-289**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rt # 10 North-Kan-city Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1 Gallatin Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 8 months

3. (a) PRINT FULL NAME Walter John Trollope
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Trollope 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 7 1894
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Walter John Trollope
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Trollope
(b) Address R # 10 No Kansas City Mo

17. (a) Removal (b) Date thereof 1-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harper Kan 99S
18. (a) Signature of funeral director Walter J. ...
(b) Address North Kan City Mo

19. (a) Jan 2 1946 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town North Kan. City
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 10
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1946 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 19 to Jan 19 1946; that I last saw him alive on Jan 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to Influenza
Due to _____

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

Major findings: Of operations 1946
Of autopsy _____

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 W. W. ... (M. D. or other) M.D.
Address ... Date signed 1-21-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
0
0
452

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-5-46

OCT 3 1947

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address 140 W. Cedar

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.