

2
9-43
-17-39
X37823

FILED FEB 15 1948

State File No.

Registration District No. 15

Primary Registration District No. 3228

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
112 Bois D'Arc St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Edgar Trout

3. (b) If veteran, name war none
3. (c) Social Security No. unknown

4. Sex male
5. Color or race colored
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Wilma Trout
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March 25 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 23
If less than one day hr. min.

9. Birthplace Bentonville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation cafe owner

11. Industry or business

12. Name William Trout

13. Birthplace Tulsa OKLA
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Johnson

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

16. (a) Informant Mrs Katharine Harbin

(b) Address 112 Bois D'Arc Carthage, Mo

17. (a) REMOVAL (b) Date thereof JAN 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bentonville, ARK.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo

19. (a) 1-19-48 (b) R.B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County unknown
(c) City or town Wichita
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(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 18th
year 1948 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 10 1946 to Jan 18 1948
that I last saw him alive on Jan 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Valvular Heart

Due to Bright's disease

Due to

Other conditions
(Include pregnancy within 3 months)

Major findings:
Of operations

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?

(Specify type of place)
While at work? (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 1-18-48

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Lily Knell-Bucknell*

Licensed Embalmer No. *2510*

P. O. Address *Carthage, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 74
Registrar's No. 10

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME William E. Trout
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased mar 25 (Month) (Day) (Year)

8. AGE: Years 66 Months 13 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
Due to Chronic nephritis
Fracture of hip
Other conditions _____
(Include pregnancy within 3 months of death)

ADDITIONAL
INFORMATION
RECORDED

Major findings:
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 W. E. Trout (M. D. or other)
Address Carthage, Mo Date signed _____

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

1377

SUPPLEMENTARY

3047