

**FILED FEB 15 1946**

Registration District No. **374**

Primary Registration District No. **6273**

Registrar's No. **3**

**1. PLACE OF DEATH:**

(a) County **North**  
(b) City or town **Rural, Smith Twp**  
(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 **50** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **North**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **Grant City** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **James Charles Troutman**

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

4. Sex **ma** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Glady's Troutman** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Oct 10 1878**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **21** If less than one day hr. min.

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

10. Usual occupation **farmer and accountant**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Milo Troutman** 9

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

14. Maiden name **Elizabeth** 9

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

16. (a) Informant **Glady's Troutman**

(b) Address **Grant City, Mo.**

17. (a) **Burial** (b) Date thereof **1-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant City Cem.**

18. (a) Signature of funeral director **John C. Stumpler**

(b) Address **Grant City, Mo.**

19. (a) **JAN 7-46** (b) **L. H. E. Dawson**  
(If he received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **1** day **1**  
year **1946** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **1935** to **Jan 1** 19**46**  
that I last saw him alive on **Jan 1st** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis of the heart  
and aorta**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Hypertension**  
(Include pregnancy within 6 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **950**

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 **J. H. Swift** (M. D. or other) **MD**  
Address **Grant City** Date signed **1/3/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3467

3 x 5

(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Arch C. Dumble  
Licensed Embalmer No. 3252  
P. O. Address Front City, 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.**