

No. 2
-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6603**

FILED MAR 15 1946
251

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 29

1. PLACE OF DEATH: Nodaway
(a) County Maryville
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 East 14th street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway **74**
(c) City or town Maryville **1**
(If outside city or town limits, write "RURAL")
(d) Street No. 321 East 14th. **2**
(If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Florence Trimble

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Olga G. Trimble 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 25, 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name David Long

13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia Alexander

15. Birthplace Fayette Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Olga G. Trimble

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 2-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Pruce Funeral home

(b) Address Maryville, Mo.

19. (a) Feb 7-46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1946 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1 to Feb 5, 1946.
that I last saw h. cr. alive on Feb 2, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with metastasis **2400**

Due to _____
Due to _____

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

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 0

23. Signature H.E. Brimmer (M. D. or other) **MD**
Address 131 S. Main Maryville signed 2/8/46

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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..... *W. L. Gee*

Licensed Embalmer No. *2539*

P. O. Address *Mayville*

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.