

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
**FILED JUN 13 1946**  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17302**  
Registrar's No. **60**

Registration District No. **187**

Primary Registration District No. **5896**

**1. PLACE OF DEATH:**

(a) County **Livingston**  
(b) City or town **Chula**  
(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 **35 years.**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Livingston 54**  
(c) City or town **Chula.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May 3** day **3**  
year **1946** hour **2** minutes **\_\_\_\_\_** M.  
21. I hereby certify that I attended the deceased from **April 13**  
19**46** to **Apr 13** 19**46**  
that I last saw her alive on **Apr. 13** 19**46**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cancer of liver** Duration  
**several months**

3. (a) PRINT FULL NAME **Lucy Trumbo**  
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 **Joseph Regan Trumbo**  
6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased: **September 8 1872**  
(Month) (Day) (Year)

8. AGE: **73** Years **7** Months **25** Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **George O. Goff**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **CHRISTINA ZERN HARY**  
15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Rogers**

(b) Address **Canon city Colo**

17. (a) **Burial** (b) Date thereof **5-5-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Plainview - Chula Mo.**

18. (a) Signature of funeral director **F. J. Robertson Funeral Home**

(b) Address **Chula Mo.**

19. (a) **May 2-46** (b) **Frances A. Neill**  
(Date received local registrar) (Registrar's signature)

Due to **Unknown**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **468**  
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 **Chula Mo.** (M. D. or other)  
Address \_\_\_\_\_ Date signed **5-3-46**

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

16183

SEP 9 1952

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 *John M Robertson*  
Licensed Embalmer No. *4388*  
P. O. Address *Laredo 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.