

S. No. 2
M-2-43
7-5-17-39
PI X35697

Primary Registration District No. 6152 a

Registration District No. FILED AUG 12 1946

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME J. W. Trammell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1946 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June 2 1926
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death electrocuted while attempting to repair motor

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

20 1 9 hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

1938
19

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Dairy owner & operator

11. Industry or business Dairy

MOTHER FATHER { 12. Name John H. Trammell

{ 13. Birthplace Stoddard County, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emmer E. Birchfield

{ 15. Birthplace Stoddard County, Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 11, 1946

(c) Where did injury occur? Dexter, Stoddard Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at farm home
(Specify type of place)

While at work? yes (e) Means of injury electrocution

23. Signature Bob L. ... (M. D. or other) Cor.

Address Dexter, Mo. Date signed July 13, 1946

16. (a) Informant John Trammell

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 7-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 7/29-46 (b) Margaret Pruitt
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 846-937

Date Filed 8-5-46

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.....

Licensed Embalmer No. 3479

P. O. Address..... Depto. 1112

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.