No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29371

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 109

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 830 South Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 830 South Cedar 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELLA TROUT
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Fm 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Peter Garnett Trout 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased November (Month) 25 (Day) 1867 (Year)
8. AGE: Years 78 Months 8 Days 24 If less than one day hr. min.
9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Elkes
13. Birthplace unknown (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant S. C. Trout
(b) Address 830 S Cedar Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oakton Cemetery
18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada, Missouri
19. (a) 9-3-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1946 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 1944, 19 to August 18, 1946; that I last saw her alive on August 18, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	3 days
Due to Generalized Arteriosclerosis	5
Chronic Myocarditis	10 yrs
Due to Hypertensive Cardiovasc disease	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No

93 D

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Wm Fallin, M.D. (M.D. or other)
Address Nevada, Mo. Date signed 8-26-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dis[illegible] No. 7
[illegible] 8-46-937
Date Filed 9-10-46

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 Me

, Registered Apprentice No. ,

working under my personal supervision.

Signed E. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, Missouri

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.