No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37217

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4820

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3201 College /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3201 College 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ruby Pearl TROTTER

3. (b) If veteran, name war no
3. (c) Social Security No. none

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

6. (b) Name of husband or wife George G. Trotter
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January (Month) 30 (Day) 1888 (Year)

8. AGE: Years 58 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Gorin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name Benjamin J. Stickels
13. Birthplace --- (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name Mary H. Evarard
15. Birthplace --- (City, town, or county) England (State or foreign country) 4

16. (a) Informant Mrs. Alta May Critz
(b) Address 3201 College, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Mo.
19. (a) 11-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1946 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 5, 1946 to Nov. 10, 1946
that I last saw her alive on Nov. 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon & Rectum
Due to Primary site - colon
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 e
Of autopsy

Duration

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 11

23. Signature Harold A. Pollett (M. D. or other) not
Address 1132 Prof Bldg K.C. Mo. Date signed 11/16/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold A. Pallett
Prof. Bldg.
This D.M.

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 Dean Cole, Registered Apprentice No. 408, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 999

P. O. Address KC

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.