

FILED JAN 24 1947

Registration District No. _____

Primary Registration District No. **4124**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Kahaha**
(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 **Mo** (b) County **Clark**
(c) City or town **Kahaha**
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Elizabeth Trout**

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 **widowed**

6. (b) Name of husband or wife **Wm. A. Trout** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 12 1866**
(Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Mo**
(City, town or county) (State or foreign country)

10. Usual occupation **Nursekeeping**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Lucas**

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

14. Maiden name **Susan Bastwick**

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

16. (a) Informant **Mrs. Myrtle Blum**

(b) Address **Kahaha Mo**

17. (a) **Burial** (b) Date thereof **Jan 7-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rever. Ce.**

18. (a) Signature of funeral director **John H. ...**

(b) Address **Kahaha Mo**

19. (a) **1-18-47** (b) **J. Bridges**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6th**
year **1947** hour **5** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Jan 5th 1947** to **Jan 6th 1947**

that I last saw her alive on **Jan 5th 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart**

Due to **Hypotension**
Due to **poor**

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

Major findings: Of operations _____

Of autopsy _____

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 **2**

23. Signature **Grace L. Gray** (M. D. or other) **DDO**

Address **Kahaha, Mo.** Date signed **1-8-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 147-147
Date Filed JAN 23 1947

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 *Olis L. Suttering*
Licensed Embalmer No. *29657*
P. O. Address *Wesley*

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.