

FILED AUG 8, 1947

State File No. ....

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Liberty Dwp.  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution On Highway 3  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)  
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 137 Dorsky  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME

ROSCOE F. TRICK

3. (b) If veteran, name war None

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 30 1947 to June 30 1947; that I last saw him alive on June 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 8 hrs.

Due to coronary embolism 8 hrs.

Due to coronary atherosclerosis 5 yrs.

Other conditions (Include pregnancy within 3 months of death) athero-sclerosis

Major findings: Of operations 94 Of autopsy 94 PHYSICIAN 94 Underline the cause to which death should be charged statistically.

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Rose Trick 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 13 - 1891 (Month) (Day) (Year)

8. AGE: Years 56 Months 17 Days 17 If less than one day hr. min.

9. Birthplace Eldorado Springs, Cedar Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

12. Name George F. Trick

13. Birthplace Salem Ill. (City, town, or county) (State or foreign country)

14. Maiden name Belle Crockett

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

16. (a) Informant Bladys (b) Date July 15 47

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof July 15 47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Church Mo

18. (a) Signature of funeral director Wm. H. ... (b) Address Liberty Mo

19. (a) July 3, 1947 (b) Minnie Hays (Date received local registrar) (Registrar's signature)

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 S. O. Schroeder, M.D. (M. D. or other) 0

Address Liberty, Mo. Date signed 7/15/47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-7-47

MAR 20 1948  
MAR 2 1948

DEC 6 1950

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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. 4448

P. O. Address Liberty 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.