

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28236

State File No.

FILED AUG 25 1947

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Lawrence Co
(b) City or town Aurora Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Aurora Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Mt Vernon Rt 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Bill Dean Troydon

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 1 da years (Day) (Year)

7. Birth date of deceased July (Month) 5 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business Child

12. Name Bill Troydon

13. Birthplace Greene Co (City, town, or county) (State or foreign country)

14. Maiden name Anna Owens

15. Birthplace Lawrence Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Bill Troydon

(b) Address Mt Vernon Mo Rt 1

17. (a) Summit Burial (Burial, cremation, or removal) (b) Date thereof July 6 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Summit Cemetery

18. (a) Signature of funeral director J. D. Fox

(b) Address Mt Vernon Mo

19. (a) Aug 7-47 (Data received local registrar) (b) Oral Mc Nath (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1947 hour 3 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 5 1947 to July 6 1947 that I last saw him alive on July 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to _____

Due to 151

Other conditions (Include pregnancy within month of death)

Major findings: Of operations P. A. Holmes

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) (c) Means of injury 0

23. Signature P. A. Holmes (M. D. or other)

Address Mt Vernon Mo Date signed July 6-47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 847-886
AUG-22-1947
L. H. F. F.

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 H. D. Fenett

Licensed Embalmer No. 2261

P. O. Address H. D. Fenett

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.