S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44408

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 57 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Joplin, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 3401 Moffet
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Richard K. Troutman
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ada M. Troutman
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: September 27, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 2 | Days 25 | If less than one day: hr. min.

9. Birthplace: Philadelphia (City, town, or county) Penn (State or foreign country)
10. Usual occupation: Florist
11. Industry or business:
FATHER
12. Name: W. C. Troutman
13. Birthplace: Philadelphia (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name: Mary Jeanette Bartholomew
15. Birthplace: Philadelphia (City, town, or county) Penn (State or foreign country)
16. (a) Informant: Mrs Ada Trautman
(b) Address: 3401 Moffett, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope cemetery
18. (a) Signature of funeral director: Hurlbut Mortuary
(b) Address: Joplin, Mo
19. (a) 12-23-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd year 1947 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from June 15, 1947 to Dec. 22, 1947 that I last saw him alive on Dec. 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	several months
Due to:	
Due to:	
Other conditions: Chr. nephritis (Include pregnancy within 3 months of death)	3

Major findings:
Of operations: B
Of autopsy: B

PHYSICIAN — Underline the cause of 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

23. Signature: J. H. Chenoweth (M. D. or other)
Address: Joplin Mo. Date signed 12-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

47-12-1094

JUN 17 1948

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 Dale Gloves, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.