

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 522
Registrar's No. 4

Registration District No. 59 Primary Registration District No. 5223

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Drevel Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether _____)
3. (a) PRINT FULL NAME Thomas D. Trevett
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie Trevett 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 31 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 3 hr. min.

9. Birthplace Near Hickman Mills, Jackson Co, MO
(City, town or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name Jesse Trevett
13. Birthplace no record
(City, town or county) (State or foreign country)
14. Maiden name Edith Servey
15. Birthplace no record
(City, town or county) (State or foreign country)

16. (a) Informant L. D. Trevett
(b) Address Shawnee Kansas
17. (a) Burial (b) Date thereof Jan 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freyman MO
18. (a) Signature of funeral director Altkinaw MO
(b) Address Archie MO
19. (a) Jan 7 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Cass
(c) City or town Drevel Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 4th year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Dec 13 1947 to Jan 4 1948
that I last saw him alive on Jan 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of vessels of right leg - distal gangrene of foot of leg. Arteriosclerosis.
Due to _____

Due to _____
Other condition Old Central Hemorrhage 10/15
(Include pregnancy within 3 months of death)
Major findings: Emphysema (left lung)

Of operations _____
Of autopsy 8/17
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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Basil Crawford (M.D. or other) _____
Address Drevel MO Date signed 1/6-48

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, *personally*

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. *3920*

P. O. Address _____

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.