

No. 2  
5-43  
5-17-39  
X 36671

State File No. ....

FILED FEB 3 1948

Registration District No. 132

Primary Registration District No. 4204

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Laredo  
(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: 52 years (Specify whether years, months or days)

In this community 52 years

3. (a) PRINT FULL NAME John Tromerhouser

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. Sophia Tromerhouser  
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased. January 19 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 19  
If less than one day hr. min.

9. Birthplace Not known. Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Tromerhouser

13. Birthplace Not known. Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Schmidt

15. Birthplace Not known. Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ila Mae Walker

(b) Address Laredo Mo.

17. (a) Burial (b) Date thereof 1-11-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoseville

18. (a) Signature of funeral director E. J. Robertson Funeral Home

(b) Address Laredo

19. (a) 1/11/48 (b) Irma Fair  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town Laredo  
(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 8  
year 1948 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 7 1948 to Jan 8 1948  
that I last saw him alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death. Lobar Pneumonia

Duration

2 days

Due to

Due to

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

Major findings: Of operations

Of autopsy 108

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 0

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 1-10-48

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

MOTHER FATHER

APR 20 1948

AUG 17 1948

DEC 12 1956

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 *John M Robertson*  
Licensed Embalmer No. *4388*  
P. O. Address *Laredo Tex*

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.