U.S. No. 2
DM—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9449

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 20

67
1
2

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston 1
(If outside city or town limits, write "RURAL")
(d) Street No. Sherman St. 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Danny Joe Trousdale
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 19 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Cairo, (City, town, or county) Illinois. (State or foreign country) 1
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Leslie Elmer Trousdale
13. Birthplace Galatin Co., (City, town, or county) Illinois. (State or foreign country) 1
MOTHER
14. Maiden name Helen Louise Shaw
15. Birthplace Matthews, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Leslie Trousdale
(b) Address Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Charleston, Mo.
18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1948 hour 7:00 minute P.M.

21. I hereby certify that I attended the deceased from Mar 20, 1948, to Mar 21, 1948; that I last saw him alive on Mar 21, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Mucous plug with strangulation

Due to Newborn premature

Due to

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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 0

23. Signature William L. Davis (M. D. or other) MD
Address Charleston Mo Date signed 3-25-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 448-438
Date Filed 4-5-48

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, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Not Embalmed

Licensed Embalmer No.....

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.