S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 27 1948

Registration District No. 29

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13719 13819

Primary Registration District No. 6011

Registrar's No. 112

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #2 / Moberly Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: Entire Life
years, months or days)

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

3. (a) PRINT FULL NAME: MAUD ANN TRUSTY
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Walter Lee Trusty
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) - 10 (Day) - 1863 (Year)

8. AGE: Years 64 | Months 11 | Days 10 | If less than one day: hr. min.

9. Birthplace: Moberly (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Burton
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Russ Schumaker
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: W. L. Trusty
(b) Address: RFD #2 Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly Mo.
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri
19. (a) Apr 22 48 (Date received local registrar) (b) Leah Williamson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 1947, 19..., to April 20 1948, that I last saw her alive on April 18 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch myocarditis	6 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: H C Griffith (M. D. or other)
Address: Moberly Mo Date signed 4/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4:48:76
Date Filed APR 26 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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.