

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 18 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18694
State File No. _____
Registrar's No. 157

Primary Registration District No. 3006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
812 College Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 812 College Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWIN ALPHONSO TROWBRIDGE
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Godard Trowbridge
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 - 27 - 1885
(Month) (Day) (Year)

8. AGE:
Years 63 Months 1 Days 10
If less than one day
hr. _____ min.

9. Birthplace Mondovi Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation Dean of Agriculture - University of Missouri

MOTHER FATHER
12. Name Charles Trowbridge
13. Birthplace Mandovi Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Alma Thames
15. Birthplace Mandovi Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.A. Trowbridge
(b) Address 812 College Ave., Columbia, Mo.
17. (a) Burial (b) Date thereof 6-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parsons Funeral Service
(b) Address Columbia, Mo.
19. (a) 6-8-48 (b) Mrs. R.G. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month June day 7
year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1947, 19____, to June 7, 1948;
that I last saw him alive on June 6, 1948, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Duration 10 mo's

Due to _____
Due to _____
Other conditions file B
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Carcinoma Stomach
Of operations _____
Of autopsy NO
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)
(f) Means of injury O.
23. Signature Edmund C. Belmont (M. D. or other)
Address Columbia, Mo. Date signed 6/18/48

FEB 14 1949

Date Filed
JUN 17 1948

District File Number
District Health Officer No. 9,

RECEIVED

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 Tom M Harg
Licensed Embalmer No. 4067
P. O. Address Columbia 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.