No. 2
-1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 227

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4339

State File No. 27095

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WASHINGTON ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 60 YEARS

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

3. (a) PRINT FULL NAME: JAMES TROY
3. (b) If veteran, name war: ____
3. (c) Social Security No.: NONE

4. Sex: MALE
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: CLAUDIA HOUSE TROY
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: JUNE (Month) 7 (Day) 1888 (Year)

8. AGE: Years 60 | Months 2 | Days 6 | If less than one day: ____ hr. ____ min.

9. Birthplace: MONROE CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: LABORER
11. Industry or business: ____

FATHER
12. Name: GEORGE TROY
13. Birthplace: UNKNOWN (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: MARY ANN
15. Birthplace: UNKNOWN (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Raymond Troy
(b) Address: Paris, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-[illegible]-48 (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE
18. (a) Signature of funeral director: Sand + Blakey
(b) Address: Paris, Mo.
19. (a) AUG. 19 48 (Date received by local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 14 year 1948 hour 2: minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 1 1948 to Aug 14 1948 that I last saw him alive on Aug 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism 10 Dy
Due to: ____
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? ____ (Specify) Means of injury: ____

23. Signature: Geo M Pf[illegible] (M. D. or other) M.D.
Address: PARIS, MO. Date signed: 8-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-150
Date Filed AUG 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.