No. 2
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1948

Registration District No. 936

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

[redacted]

State File No. 28595

Primary Registration District No. 6131

Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Montier
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(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 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Kan. (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME ~~Eliza Alma Ida Trevolt~~ ELIZA ALME IDA NICHOLSON TREVOLT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife William Trevolt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 21 (Day) 1896 (Year)
8. AGE: Years 52 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Montier (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business:
12. Name Dave Nicholson
13. Birthplace Shannon Co. (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Alice Holden
15. Birthplace Paris (City, town, or county) Tenn. (State or foreign country) /
16. Informant Mrs A Helm
Address Montier, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Montier Cemetery
18. (a) Signature of funeral director Joe R Duncan
(b) Address Montier Mo
19. (a) 8-28-48 (Date received local registrar) (b) E. B. Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1948 hour 10 minute 30 a.m.
21. I hereby certify that I attended the deceased from 7-[illegible]-9, 1948, to Aug 4, 1948, that I last saw her alive on Aug 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Inner ear (Right) 8 — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 3
Of autopsy 2

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? (Specify type of place)
While at work?
(e) Means of injury 0
23. Signature J. L. Beason (M.D. or other)
Address Montier View, Mo. Date signed 8-23-48

(Licensed Embalmer's Statement on Reverse Side)

Cor. by aff. Nov 5 1948 MOTHER FATHER N.C. 3742

RECEIVED 9-1-48
District Health Officer No. 5,
District File Number 9448-42
Date Filed 9-1-48

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 Joe L. Duncan

Licensed Embalmer No. 2325

P. O. Address Mtn View Ga

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.

Form No. 113 Class E Demaree Stationery Co., 908 Walnut, Kansas City, Mo.

General Affidavit

STATE OF Missouri
County of Howell } ss.

I, Belle Helm of lawful age, being first duly sworn, deposes and says: Eliza Alme Ida Nicholson Trevolt, is still the name of the Deceased, which is to correct an error in the name as given by the Undertaker, Mr. John Duncan of Mountain View, Missouri. in his Death Certificate. (Name given was Eliza Alme Ida Trevolt), Date of Death was August 4th, 1948, Place of Death, At the Helm Farm, Birch Tree, Missouri, RFD. #3.

And further the deponent saith not.

Belle Helm

SUBSCRIBED AND SWORN TO before me, this 30th day of October, A.D. 1948

MY COMMISSION EXPIRES OCT. 9, 1949

Raymond L. Erbar.
Notary Public.

Gene

Filed this...

28595