. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948
Registration District No. 48

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32321
Registrar's No. 82

Primary Registration District No. H 11 3

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

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

3. (a) PRINT FULL NAME Elsie Christine Troe
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife Henry Wm Troe
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased January (Month) 27 (Day) 1871 (Year)

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

9. Birthplace Clinton (City, town, or county) Iowa (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Jurgen Rohwedder
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Catherine Gleason
15. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
16. (a) Informant Miss Freda Troe
(b) Address Brunswick Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation India Grove
18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo
19. (a) 10-12-48 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 10 day 10th.
year 1948 hour 6 minute 30 a.M.
21. I hereby certify that I attended the deceased from Oct. 1st. 1948 to Oct. 10 th. 1948
that I last saw her alive on Oct. 10th 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Respiratory failure	Terminal
Due to Acute Lung abscess	2wk.
Due to Bronchial pneumonia	1 wk.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
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 [signature] D.O. (M. D. or other)
Address Brunswick, Mo. Date signed 10/11/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 1-8-48

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 D. L. Leupard

Licensed Embalmer No. 3970

P. O. Address Mendon Me

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.