S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40647

Registration District No. 194

Primary Registration District No. 5644

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Co. Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54

(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")

(d) Street No. Co Home
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM R. TROTTER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Ma O

5. Color or race W

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept (Month) 19 (Day) 1867 (Year)

8. AGE: Years 80 | Months 10 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Lexington (City, town, or county) Mo (State or foreign country)

10. Usual occupation .....

11. Industry or business Laborer

FATHER
12. Name Richard Trotter
13. Birthplace Not (City, town, or county) Known (State or foreign country)

MOTHER
14. Maiden name " " "
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant B. M. Little
(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director J. J. Tuegel
(b) Address Lex. Mo

19. (a) 10 Nov 48 (Date received local registrar) (b) [illegible] (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from June, 1947 to Aug 14, 1948
that I last saw him alive on Aug 9, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis.	many years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93D

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 .....

23. Signature W. E. Koppenhaver M. D. or other MD
Address Higginsville, Mo. Date signed 8/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-48

Rapp

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 Forrest F. Dunn

Licensed Embalmer No. 3270

P. O. Address Lexington, 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.