

FILED JAN 19 1949

Registration District No. 121

Primary Registration District No. 5452

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ash Grove, Mo R.F.D. #2 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 68 years
years, months or days)

3. (a) PRINT FULL NAME LOU OLIVE TROGDON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. CLINTON TROGDON 6. (c) Age of husband or wife if alive, years 27
7. Birth date of deceased January 27 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 15 If less than one day none min.

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

10. Usual occupation House Wife

11. Industry or business none

MOTHER FATHER { 12. Name James Burrey
13. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Jane Wallis
15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Lail Trogdon
(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof Jan. 16, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation John's Chapel Cemetery

18. (a) Signature of funeral director W. Birch
(b) Address Ash Grove, Mo.

19. (a) 1-15-49 (b) Ernie B. Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ash Grove RR. #2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1949 hour 3 minute 03 P.M.

21. I hereby certify that I attended the deceased from Jan. 1
1948 to Jan. 12 1949
that I last saw h. E. alive on Jan. 12 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal
7. obstructive
chronic arthritis
Due to also a cerebral
hemorrhage
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 3 3 1
Of autopsy _____

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) (e) Means of injury _____
23. Signature M. B. Burrey (M. D. or other) M.D.
Address Miller, Mo. Date signed 1-17-49

RECEIVED
Greene County Health Office,
County File Number 49-1-4
Date Filed 1-18-49

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.....

Richard E. Watts, Registered Apprentice No. 206
working under my personal supervision.

Signed.....

J. W. Birch

Licensed Embalmer No. 3856

P. O. Address: Ash Grove TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.