

AUG 9

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

25304

Do not use this space.

1. PLACE OF DEATH

(a) County Carrollton 3 Registration District No. 135
 (b) Township Carrollton 1 Primary Registration District No. 3010 Registered No. 85
 (c) City Carrollton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

624
Jerry Pendleton Trussell
 (a) Residence, No. 9511 Wilson Rd. K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marshall 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Clarence Pendleton Trussell

14. BIRTHPLACE (CITY OR TOWN) Marshall
 (STATE OR COUNTRY) Saline - Missouri

MOTHER 15. MAIDEN NAME Alberta Marie Harland

16. BIRTHPLACE (CITY OR TOWN) Saline County, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Mr Clarence Trussell
 (ADDRESS) 9511 Wilson Rd Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE July 16 39

19. FUNERAL DIRECTOR Shoaf-McClary
 (ADDRESS) Marshall, Mo.

20. FILED 7-15 1939 Vuth Haskins 130 (Address) Boagwood 2204
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1939

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 13, 1939Where did injury occur? South Carrollton 10 Mile

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on Highway 66Manner of injury Fell from truckNature of injury crushed head on pavement

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ed Decker Coroner(Address) Boagwood 2204

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8/7/37

STATEMENT BY LICENSED EMBALMER

I, R. M. Marshall, Licensed Embalmer No. 2525

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. M. Marshall
Licensed Embalmer No. 2525

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.)