

JUL 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21830

State File No. _____

Registration District No. 349

Primary Registration District No. 4207

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Henry Calhoun
(b) City or town _____
(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 18 yrs
years, months or days

3. (a) PRINT FULL NAME Edward E Trogon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annella 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 7 hr. min.

9. Birthplace Pawnee Station Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Edward E Trogon

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Shanklin

15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Edna M Brown
(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 5 11 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo

19. (a) May-11-1940 (b) Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Calhoun
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1940 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9 am
1, 1940, to midnight, 1940;
that I last saw h. alive on May 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to arterio-sclerosis

Due to _____
Other conditions Edematous Condition

Major findings: Of operations J. H.
Of autopsy _____

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 H. Swales (M. D. or other) M.D.
Address Clinton Mo Date signed 6-7-40

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

MOTHER FATHER

DEC 27 1945

RECEIVED

District Health Officer No. 7

District File Number 2-40-980

Date Filed 2-9-49

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Fred Wilkerson*

Licensed Embalmer No. *2498*

P. O. Address *Clinton 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, above space should be left blank.