

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 251

Primary Registration District No. 2048

Registrar's No. 357

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

1. PLACE OF DEATH:

(a) County McDonough

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

(c) Name of hospital or institution: None
(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 Most of life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Joel S. Trullinger

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced IM

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May - 17 - 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>20</u>	____ hr. ____ min.

9. Birthplace: Farragut, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Caretaker at College

11. Industry or business: _____

12. Name: Barton W. Trullinger

13. Birthplace: Indian, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name: Floora Foster

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

16. (a) Informant: Kulu M. Trullinger

(b) Address: 144 Grand Ave Marionville Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof: 3-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Campbell Funeral Home

(b) Address: 951 South Main Marionville, Mo

19. (a) 3-12-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

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

(d) Street No. 144 Grand Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 6:30 minute 4 M.

21. I hereby certify that I attended the deceased from 5:00
18 43 to March 6 1943
that I last saw him alive on March 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Generalized Arteriosclerosis & Hypertension

Other conditions (include pregnancy within 3 months of death): 94a

Major findings: Of operations: _____

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? _____

23. Signature: W.R. Jackson (M. D. or other) _____
Address: Marionville, Mo Date signed: 3-10-43

Duration: Indefinite

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

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..... *W.lean Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marionville 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.