

FILED MAY 6 1943

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe

(c) Name of hospital or institution: Chillicothe OH Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MOSSOURI (b) County Caldwell

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIJAH-HAMILTON-TROSPER

MEDICAL CERTIFICATION

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

20. DATE OF DEATH: Month Apr day 26  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex MALE 5. Color or race WHITE

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

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

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

7. Birth date of deceased SEPT 14 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 26  
1943 to April 26 1943  
that I last saw him alive on April 26 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage  
Coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Davis co MO  
(City, town, or county) (State or foreign country)

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

11. Industry or business Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Gilly Trospers

13. Birthplace Davis co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Mitilda Maddux

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

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)

16. (a) Informant Margaret Potts

(b) Address Mittleton MO

17. (a) Rural (b) Date thereof APR-29-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trospers Cemetery

18. (a) Signature of funeral director T. H. Burt

(b) Address Breckinridge MO

19. (a) May 4-1943 hoo. E. R. Car. y  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. M. Dawell (M. D. or other) \_\_\_\_\_  
Address Chillicothe MO Date signed 5-3-43

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: T. J. McBeck

Licensed Embalmer No. 1570

P. O. Address Breckinridge 9mo

**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.**