

FILED NOV 10 1943

Registration District No. 204

Primary Registration District No. 8788

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural, Lallata Township
(If outside city or town limits, write "RURAL" and name of township)

(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 1 (Specify whether _____)

In this community 75 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 061

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

(d) Street No. Lallata Township
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Geo Alvin Trunks

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Mittie Trunks

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Oct 30 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 28

If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Leona Trunks

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

14. Maiden name Janice Smith

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

16. (a) Informant Mrs. Ray Buster

(b) Address Ethel Oliver 7nd

17. (a) Burial (b) Date thereof Oct 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ethel 7nd

18. (a) Signature of funeral director A. S. Christie

(b) Address Lallata Mo

19. (a) 10-11-43 (b) Anna Louch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 28 1942 to Oct 8 1943
that I last saw him alive on Oct 8 1943
and that death occurred on the date and hour stated above

Immediate cause of death Cancer Prostate Gland Duration _____

Due to _____

Due to _____

Other conditions aneurism arch aorta
(Include pregnancy within 3 months of death)

Major findings: Of operations 51 f

Of autopsy _____

PHYSICIAN _____
Underline the cause of death which 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature H. O. Newton (M. D. or other) _____

Address La Plata Mo Date signed 11/1/43

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

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

D. S. Christie

Licensed Embalmer No.

P. O. Address

*1109
La Plata 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.