. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14274

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 133

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Transient
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State U. S. Army - (b) County Enroute to

(c) City or town Pine Bluff Arsenal, Pine Bluff, 3
(If outside city or town limits, write "RURAL")

(d) Street No. Arkansas, transferring from 0
(If rural give location)
Edgewater Arsenal, Baltimore, Md.

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

If yes, name country 21

3. (a) PRINT FULL NAME Ernest Adair Trumble

3. (b) If veteran, name war World War II

3. (c) ASN Security No. 39694159

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased March 31, 1917
(Month) (Day) (Year)

8. AGE: Years 27 | Months - | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation U.S. Army, Private

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mrs. Esther Wilson
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant From papers carried on
(b) Address person

17. (a) Removal (b) Date thereof 4-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whittier, Calif.

18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Missouri

19. (a) 4-20-44 (b) Belle Tenne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from .....
....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basic skull fracture, brain concussion, shock	2 hours
Due to Fall from Missouri Pacific Train, No. 17	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

169.8
30

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) Accidental

(b) Date of occurrence April 19, 1944

(c) Where did injury occur? Butler County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad right-of-way
(Specify type of place)
While at work under orders Means of injury Fall

23. Signature [signature] 3 (M. D. or other) Deputy Coroner

Address Poplar Bluff, Mo. Date signed 4-20-44

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Office No. 2,
District File Number 544-690
Date Filed 5-11-44

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. C. Croy

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.