

FILED JUN 12 1944

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 3056

Registrar's No. 130

1. PLACE OF DEATH:

(a) County MONROE RANDOLPH  
(b) City or town MOBERLY, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
532 VINCEIL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 MO. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE  
(c) City or town PARIS  
(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

VIOLA MAUDE MARDE TRUSSSELL

3. (b) If veteran, name war

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife CHAS. TRUSSSELL 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased JUNE 22, 1907  
(Month) (Day) (Year)

8: AGE: Years 36 Months 11 Days 4 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name KIRT GALLOP  
13. Birthplace MONROE CO, MO  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY EER BARKER  
15. Birthplace MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Cristal

(b) Address 532 Vinceil, Moberly

17. (a) BURIAL (b) Date thereof MAY 31, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE PARIS, MO.

18. (a) Signature of funeral director Speed at Blakey  
(b) Address Paris, Missouri.

19. (a) J-31-44 (b) Irma Nave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28  
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 1-1, 1944, to 5-28, 1944  
that I last saw her alive on 5-27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature R.H. Williams (M. D. or other) \_\_\_\_\_

Address Moberly Mo. Date signed 5-31-44

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

RECEIVED

District Health Officer No. 10

District File Number 6-44-1099

Date Filed JUN 9 1944

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

*E. H. Blakey*

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.