

S. No. 2
DM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25356

FILED JUL 24 1944

Registration District No. 267

Primary Registration District No. 5880

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Osage

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

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

(d) Length of stay: In hospital or institution 80 years.
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME August Trost

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hattie Pickering Trost

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

7. Birth date of deceased, May 11th, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 2
If less than one day hr. min.

9. Birthplace St. Aubert, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Sophia Anna Trost

(b) Address Freedom, Mo.

17. (a) Burial (b) Date thereof 4/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Cemetery

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Box 144, Linn, Mo.

19. (a) Ma 17-44 (b) T. A. Dubouille
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

(d) Street No. Wint Hill Mo.
(If large, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th,
year 1944 hour 11 minute 30 a. m.

21. I hereby certify that I attended the deceased from March 3, 1944, to March 13, 1944
that I last saw h. in alive on March 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Interosseus

Due to _____

Due to _____

Other conditions 9321
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 [Signature] (M. D. or other) DO

Date signed 5-15-44

1286

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-22-44

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

Vernon Martin

Licensed Embalmer No.

4125

P. O. Address

Lin

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.