V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24130

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 23

**1. PLACE OF DEATH:**

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community two years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Iron 47

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

(d) Street No. 0 (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** John Harvey Trelour

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex m

5. Color or race white

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

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

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

7. Birth date of deceased April (Month) 1st. (Day) 1869 (Year)

8. AGE: Years 76 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Thomas Trelour
13. Birthplace (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name Elizabeth Harvey
15. Birthplace (City, town, or county) Wales (State or foreign country)

16. (a) Informant J.W. Trelour

(b) Address Ironton Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address A. J. White Ironton Mo.

19. (a) Aug 3, 1945 (Date received local registrar) (b) Mrs Francis E Howard (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 30th year 1945 hour 7:55 A. M. minute M.

21. I hereby certify that I attended the deceased from Feb. 27, 1945 19 to July 30, 1945 19; that I last saw him alive on July 30, 1945 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bilateral Bronchial Pneumonia — Duration 7/26/45

Due to: Acute naso-pharyngitis

Due to: Chronic Bronchitis

Other conditions (Include pregnancy within 3 months of death): Senility

Major findings: Of operations 1150

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Garland M.D. (M. D. or other)

Address Ironton, Missouri Date signed 7-30-45

1365 (Licensed Embalmer's Statement on Reverse Side)

D

District Health Officer No. 4

District File Number 84-5-923

Date Filed 8-8-45

## 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 Ruel J. White

Licensed Embalmer No. 3012

P. O. Address Douglas Ga.

**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.**