

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19357

**FILED** JUN 3 1946

Registration District No. 375

Primary Registration District No. 6280

Registrar's No. 19

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town HARTVILLE RURAL HART  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County WRIGHT 114  
(c) City or town HARTVILLE RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nine miles East  
(If rural, give location)  
(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ERNEST TROUB

3. (b) If veteran, name war World War I 3. (c) Social Security None

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 50 Months Days If less than one day  
hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER  
12. Name Unknown 9  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Information taken from his

(b) Address personal papers by Gene E. Holden

17. (a) Removal (b) Date thereof 5-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns, La.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartville, Mo  
19. (a) May 7, 1946 (b) B. Garner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month May day 4 year 1946 hour 11:00 minute AM  
21. I hereby certify that I attended the deceased from May 3 1946 to May 4 1946  
that I last saw him alive on May 3 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach Poisoning Duration 2 days

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 177.8  
Of autopsy 13  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 114  
(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?..... (c) Means of injury 0  
23. Signature J. R. Math (M. D. 1946)  
Address Hartville Mo Date signed 5/5/46

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

RECEIVED

District Health Officer No. 6,

District File Number 546-604

Date Filed 5-31-46

SEP 27 1948

SEP 23 1948

NOV 24 1947

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 Gene E. Aldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.

7A-5-7