

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I. X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20913**

**FILED** JUN 8 1946

Registration District No. **119**

Primary Registration District No. **5667**

Registrar's No. **36**

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

**1. PLACE OF DEATH:**

(a) County **Lincoln**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **7 yr.**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Lincoln** **57**

(c) City or town **Troy Rural**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location) **1**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **1**

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOHN RICHARD TRAIL**

**3. (b) If veteran,** name war **None**

**3. (c) Social Security** No. **None**

**4. Sex** **M** **5. Color or** **W** **6. (a) Single, widowed, married,**  
**race** **W** **divorced** **Widowed**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
alive \_\_\_\_\_ years

**7. Birth date of deceased:** **Mar 10 1857**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **25**  
year **1946** hour **6** minute **00 A.** M.

**21. I hereby certify that I attended the deceased from** **6/12**, 19**46** to **6/25**, 19**46**  
that I last saw him alive on **6/23**, 19**46**  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>89</b>	<b>3</b>	<b>15</b>	hr. min.

**9. Birthplace:** **Davis Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **Retired Farmer**

Immediate cause of death \_\_\_\_\_

**Chronic myocarditis** ✓

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

**Arterio-Sclerosis** ✓

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

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

**11. Industry or business:**

**12. Name:** **Tom Trail** **0**

**13. Birthplace:** **Silex Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name:** **Martha Barnes** **9**

**15. Birthplace:** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **J. F. Morris** **1**

(b) Address **Silex Mo.**

**17. (a) Burial, cremation, or removal:** **Rural** (b) Date thereof **6-27-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Supher Lick Cem**

**18. (a) Signature of funeral director:** **Wayne McCoy**

(b) Address **Troy Mo.**

**19. (a) 6-25-1946** (b) **Mrs. Anna B. Riddle**  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**93d**

**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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature:** **J. B. Hoegge** (M. D. or other) **MD**

Address **Whitefield Mo.** Date signed **6/25/46**

**162** (Licensed Embalmer's Statement on Reverse Side)

**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..... *Wayne McCoy*  
Licensed Embalmer No. *3588*  
P. O. Address..... *Troy 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.**