

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1027 W. Chase
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1946 hour 1 minute 20a. M.
21. I hereby certify that I attended the deceased from Sept 28
1946 to Oct 16 1946.
that I last saw h ER alive on Oct. 15 1946.
and that death occurred on the date and hour stated above.
Immediate cause of death uremia,

Duration
2 mo.

Due to Nephritis, Chronic
and uremicotic heart 4 years.
Due to disease.

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

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Gene W. Fartning (M. D. or other)
Address Holland Bldg. Springfield Date signed Oct 16 46

3. (a) PRINT FULL NAME

Anna Trumbo
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13 years 1878 (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 3 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name William Trumbo
13. Birthplace Unk. Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Parkinson
15. Birthplace Unk. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Lyle J. Trumbo
(b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof 10-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-17-46 (b) W. Z. Handley (M.D.)
(Date received local registrar) (Registrar's signature)

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

33131

9
2
6

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 *Walter E. Hamlet*.....

Licensed Embalmer No. *3898*.....

P. O. Address *Springfield 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.