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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946
Registration District No. 145

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36842

Primary Registration District No. 5566

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Graniteville
(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 2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron 47
(c) City or town Graniteville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Harrison Troutt
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14
year 1946 hour 1 minute 20 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Fannie H. Troutt (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 20 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10 1946 to Nov 14 1946
that I last saw him alive on Nov 14 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
90 2 24 hr. min.
9. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation retired

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to Impurities of old age
Other conditions (Include pregnancy within 3 months of death)
Major findings: 83A
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Wm. R. Troutt
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Fickett
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Samuel Palmer
(b) Address Graniteville Mo.
17. (a) burial (b) Date thereof 11-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Missouri
18. (a) Signature of funeral director Norman White & Sons
(b) Address Whelan Ironton Missouri
19. (a) Nov 23 1946 (b) Mrs. Elizabeth Logan
(Date received local registrar) (Registrar's signature)

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 A. N. Gale (M. D. or other) 0
Address Bismarck Mo Date signed 11/15/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
35662

RECEIVED

District Health Officer No. 4
District File Number 1146-2966
Date Filed 11-26-46

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 Paul J. White
Licensed Embalmer No. 2012
P. O. Address Wilmington, Del.

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.