S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20308

Registration District No. 386 Primary Registration District No. 4082 Registrar's No. 13

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town Bogard
(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 ALL her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Bogard
(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 Hattie Rocillar Trussell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased January (Month) 9 (Day) 1866 (Year)

8. AGE: Years 81 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name William McCall
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Miles
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lester Trussell
(b) Address Tina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard Mo.

19. (a) 6-8-47 (Date received local registrar) (b) Eunice Street (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 29th, 1947, to June 6th, 1947 that I last saw her alive on June 2nd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Cowherd (M. D. or other) DO

Address Carrollton Mo Date signed 6-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...ior Health Officer No. 8,
...ance File Number 6-28-47
...ate Filed 6-23-47

JUL 22 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 E. A. [illegible]

Licensed Embalmer No. 2534

P. O. Address Bogard 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.