

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3608

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7 EAST 57TH TERRACE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 36 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 EAST-57TH TERRACE  
(If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country GERMANY

3: (a) PRINT FULL NAME MRS. MARGARET EMILY TROUT

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 WIDOWED  
6. (b) Name of husband or wife MR. ENOS TROUT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUGUST-14-1860 (Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name AUGUST FISHER T

13. Birthplace ASEH GERMANY (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Opal S. Hill

(b) Address 7 East 57th Street Kansas

17. (a) BURIAL (b) Date thereof SEPT. 4, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. N. Newcomer and

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 9-3-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1st year 1948 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Suppurative Tuberculosis of sigmoid colon  
Duration: \_\_\_\_\_

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

Major findings: Of operations: \_\_\_\_\_ Of autopsy: Above  
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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place) (c) Means of injury: \_\_\_\_\_  
23. Signature: \_\_\_\_\_ (At home or other) Address: St. Joseph Hospital Date signed: 25/9/48

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

*Exchange*

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**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 *Edward M. Stone*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.**