

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37077

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution:
923 S. Orner

(d) Length of stay: In hospital or institution 47 years

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage

(d) Street No. 404 S. Fulton St.

(e) Citizen of foreign country? no

If yes, name country -----

3. (a) PRINT FULL NAME VIOLA EVA TRIMBLE

3. (b) If veteran, name war none

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1948 hour 12 minute 30 P.M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife -----

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

7. Birth date of deceased: October 13 1895

21. I hereby certify that I attended the deceased from Oct 5, 1946, to Nov. 9, 1948.

that I last saw him alive on Nov - 7, 1948.

and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 0 Days 26

If less than one day hr. min.

Immediate cause of death: malnutrition due to protein and vitamin deficiency

Due to Chronic ankylosing rheumatoid arthritis - 15 years

9. Birthplace: Woods County Oklahoma

10. Usual occupation: retired bookkeeper

Other conditions: -----

Major findings: -----

11. Industry or business: at home

12. Name: James A. Trimble

13. Birthplace: Dade County Missouri

14. Maiden name: Persis Howe

15. Birthplace: unknown Michigan

PHYSICIAN

Underline the cause to which death should be charged statistically.

Signature: [Signature]

16. (a) Informant: J. A. Trimble

(b) Address: 404 S. Fulton, Carthage, Mo

17. (a) burial (b) Date thereof: Nov 14, 1948

(c) Place: burial or cremation: Hackney Cemetery

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? -----

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

18. (a) Signature of funeral director: [Signature]

(b) Address: 112/48 Carthage, Mo.

19. (a) (Date received local registrar) 12/1/48

(b) Registrar's signature: [Signature]

While at work? -----

(c) Means of injury -----

Signature: Charles J. Isbell (M. D. or other) M.D.

Address: 201 20 3rd, Carthage, Mo. Date signed: 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 24 1948

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..... *Robert H. Knell*

Licensed Embalmer No. *4459*

P. O. Address..... *Carthage*

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.