

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
512 South Main Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 Years years, months or days)

3: (a) PRINT FULL NAME James Noah Trotter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Martha Trotter

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

7. Birth date of deceased May 2 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 6 2 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Markfield Trotter

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

14. Maiden name Rebecca Campbell

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

16. (a) Informant Mrs. Nell Browning

(b) Address 512 So. Main, Trenton, Mo.

17. (a) Burial (b) Date thereof 11-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Ayr Cemetery  
Altamont, Mo.

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 11-7-48 (b) Jesse Sarge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton  
(If outside city or town limits, write "RURAL")

(d) Street No. 512 So. Main Street,  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4  
year 1948 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from  
Nov. 4, 1948, to Nov. 4, 1948;  
that I last saw him alive on Nov. 4, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arterio-sclerosis

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

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

Duration Few  
min  
several  
years

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) (e) Means of injury \_\_\_\_\_

23. Signature E. H. Cullers (M. D. or other) M.D.  
Address 207 E. 10th Court Date signed 11-6-48

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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 \_\_\_\_\_

L. O. Dickerson  
Licensed Embalmer No. 3302

P.O. Address Fallston, Md.

**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.**