FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15339

Registration District No. 625 — Primary Registration District No. 3031 — Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (If outside city or town limits, write "RURAL")
(d) Street No. 503 West 12th (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucy Catherine Trullinger
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Trullinger
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June (Month) 17 (Day) 1871 (Year)

8. AGE: Years 69 Months 9 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Shelby County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Woman wife
11. Industry or business

MOTHER
12. Name Daniel Robey
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

FATHER
14. Maiden name Mary C. Smith
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Glen B. Trullinger
(b) Address 327 North Ave Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam I.O.O.F.
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) 4-9-41 (Date received local registrar) (b) Mamie E. Clarke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1941 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from May 19, 1938 to: April 7, 1941 that I last saw her alive on April 6, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia.	
Due to: Chronic Passive Congestion.	
Due to: Chronic Myocarditis.	
Due to: Hypertension.	
Due to: Nephritis with edema.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 W. R. Jackson (M. D. or other)
Address Maryville, Mo. Date signed 4-9-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

William Campbell, Registered Apprentice No.....

working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

N 75-41 X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15339

Registration District No. 625 Primary Registration District No. 9031 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Lucy Catherine Trullinger

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7 year 1941 hour minute M.

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

Immediate cause of death Uremia
Chr passive congestion
Chr. myocarditis
Due to Hypertension
Due to Nephritis with Edema
Chronic

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 121 B
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. R. [illegible] (M. D. or other)
Address Maryville, Mo. Date signed

S-15339