

FILED SEP 2 1947

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One-half Hour
(Specify whether
In this community 22 Years
years, months or days)

3. (a) PRINT WILLIAM MONROE TRULLINGER
FULL NAME

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Trullinger 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 5, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 12 - hr. - min.

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

10. Usual occupation Police Officer
None

11. Industry or business

12. Name Francis Trullinger

13. Birthplace Unknown

14. Maiden name Mary Shell

15. Birthplace Unknown

16. (a) Informant Myrtle Trullinger

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof Aug. 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (c) Signature of funeral director Paul J. J. J. J.
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 8-18-47 (b) Bessie Holby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 416 East Jenkins 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8-17
1947 to 8-17 1947
that I last saw him alive on 8-17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute coronary occlusion 30 min. Duration

Due to.....

Due to.....

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) (c) Means of injury.....

23. Signature J. E. J. J. (M. D. or D. O.)

Address 1316 Main Maryville Date signed 8/18/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.