

JAN 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

42157

Do not use this space.

1. PLACE OF DEATH

(a) County Atchison
 (b) Township Tarkio
 (c) City Tarkio, Mo

Registration District No. 20Primary Registration District No. 4014

Registered No. _____

(d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Elmer Trullinger

(a) Residence, No. Tarkio, Mo St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ada Trullinger
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1882

7. AGE YEARS 55 MONTHS 10 DAYS 7
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister (Assembly of God)
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 7 Mo 11. Total time (years) spent in this occupation 18 Yrs

12. BIRTHPLACE (CITY OR TOWN) Ringold Co Iowa
 (STATE OR COUNTRY)

13. NAME Henty Trullinger

14. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

15. MAIDEN NAME Cynthia Ann Maudken

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT Mrs Ada Trullinger
 (ADDRESS) Tarkio, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Ayr, Iowa DATE July 22, 1938

19. FUNERAL DIRECTOR W. B. Green
 (ADDRESS) Tarkio, Mo

20. FILED July 21, 1938 Chas. E. Buchanan
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1935, to July 20, 1938
 I last saw him alive on July 20, 1938 Death is said to have occurred on the date stated above, at 2: A.M.
 The principal cause of death and related causes of importance were as follows:

May 11 - 1938 Carcinoma of Left Kidney
51 7-7-38

Other contributory causes of importance:

Name of operation Nephrography Date of Feb 20-27
 What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide None Date of injury None, 1931
 Where did injury occur? Left Kidney
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.
 Manner of injury Struck by flow handle
 Nature of injury Refused Kidney

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Charles E. Buchanan, M. D.
 (Signed) Tarkio, Mo
 (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. B. Levens, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. B. Levens

L. E.

No. _____ or by _____
working under my personal supervision.

Signed W. B. Levens, Registered Apprentice No. _____
Licensed Embalmer No. 3381

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.)