REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3359
Do not use this space.

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1. PLACE OF DEATH

(a) County Ozark — Registration District No. 649

(b) Township ~~Toledo~~ Moreau — Primary Registration District No. 5360 — Registered No. 2

or

(c) City ~~Thornfield~~, Mo. (d) Street No. ..... St.

(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 653 Cecil Joe Trent

(a) Residence, No. Thornfield, Missouri St. ☐ (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thornfield, Mo.

FATHER

13. NAME Fred Trent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thornfield Mo.

MOTHER

15. MAIDEN NAME Alta prine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McClurg, Mo.

17. INFORMANT (ADDRESS) Lynn Prine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Thornfirld DATE 1-24-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neighbors

20. FILED 1-23 1939 Hattie G Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to to Jan 23, 1939

I last saw him alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Double Pneumonia — Date of onset Jan 19

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Other contributory causes of importance:

Delirium High fever and Convulsions

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. C. Meyer, M. D.

(Address) Thornfield Mo

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(Licensed Embalmer's Statement on Reverse Side)

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.