

DESD APR 21 1939

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

11718
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
 (b) Township Shoal Creek Primary Registration District No. 5810 Registered No. _____
 (c) City Joplin (d) Street No. R 3 St. _____
 (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 Kenneth Reppert Trimble

(a) Residence, No. 806 Jefferson St. (If nonresident, give city or town and State)
 (Usual place of abode if no true address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Taxi Cab Driver
 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) Joplin
 (STATE OR COUNTRY) Missouri 0

13. NAME Walter Trimble 0
 14. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri 0

15. MAIDEN NAME Maude Thompson
 16. BIRTHPLACE (CITY OR TOWN) Holivar
 (STATE OR COUNTRY) Missouri

17. INFORMANT Walter Trimble
 (ADDRESS) Joplin Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 3-27-1939

19. FUNERAL DIRECTOR (NAME) Hurlbut Und. Co.
 (ADDRESS) Joplin Missouri

20. FILED 4-1-39 Ed D. Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from about 1939, to _____, 19____
 I last saw im dead alive on March 26, 1939. Death is said to have occurred on the date stated above, at About 12 m.
 The principal cause of death and related causes of importance were as follows:

Cause of Death unknown, Body was very badly decomposed, had disappeared on February 4th, and was not found until March 26th, Hands tied behind back and Gag

Other contributory causes of importance: in mouth indicates Murder.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 2-4, 1939
 Where did injury occur? Near Joplin Mo. in Newton County. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Not Known

Manner of injury Not Known
 Nature of injury Not Known

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Maude Thompson Carson, M.D.
 (Address) Neosho Mo

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.

CONTINUING FROM THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-39-805

Date Filed APR 11 1939

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. 959

P. O. Address Jasper Miss

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, above space should be left blank.