

JAN 17 1940

Registration District No. 328

Primary Registration District No. 5459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GRUNDY
(b) City or town R.F.D. #1 TRENTON
(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) 2
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) LIFE

3. (a) PRINT FULL NAME CHARLES TRUMP 651

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERNICE TRUMP 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased OCTOBER 7 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 14
If less than one day hr. _____ min. _____

9. Birthplace GRUNDY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name WILLIAM TRUMP

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY KRENN

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bernice Trump

(b) Address Trenton Mo

17. (a) BURIAL (b) Date thereof 12-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRUNDY CENTER

18. (a) Signature of funeral director Hemley Funeral Home

(b) Address Trenton Missouri

19. (a) 12-24-39 (b) Gene D. Jarr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY
(c) City or town RURAL TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1939 hour 1 minute 15-P M.

21. I hereby certify that I attended the deceased from Dec 21-39
_____, 19____, to Dec 21, 1939.

that I last saw h _____ alive on Dec 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 6 or 8 hrs

Due to Arteriosclerosis Do not know

Due to _____

Other conditions hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 E. D. Hubby (M. D. or other) _____
Address Trenton Mo. Date signed Dec 23-39

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.

RECEIVED
District Health Officer No. 11,
Dist. No. 10 - 1971
Date: ~~JAN 15 1940~~

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 Clifford Oberly
Licensed Embalmer No. 3423
P. O. Address Trenton 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, above space should be left blank.