

FILLED NOV 13 1941
Registration District No. **377**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2039 Poplar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **50 Years** /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2039 Poplar**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **50** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27th**
year **1941** hour **8** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1941**
to **Oct 27 1941**
that I last saw him alive on **Oct 26 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

Due to **836**

Due to **2nd Cerebral Hemorrhage**
Other conditions **1907-20-1941**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **no**

Duration
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **JOHN A. TRUM**

3. (b) If veteran, name war **No** 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 **Mrs. Julia A. Trum** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **May 24, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **3** If less than one day
hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Saloon Keeper**

11. Industry or business _____
12. Name **John Trum**

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

14. Maiden name **Anna Marie Speir**

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

16. (a) Informant **Mrs. Julia A. Trum**

(b) Address **2039 Poplar**

17. (a) **Burial** (b) Date thereof **10-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cem.**

18. (a) Signature of funeral director **John W. Wagner**
Kansas City, Missouri

(b) Address **10/29/41** (c) **M. M. Cron**
(Date received local registrar) (Registrar's signature)

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 **W. E. ...** (M. D. or other) **1**
Address **K. P. ...** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Missile File B.F. 137. 0118866

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City

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

If this body is not embalmed, fact should be so stated above.