o. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34111

Registrar's No. 4051

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:
Conley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 15 or 20 Yrs. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6038 East 13th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME LeRoy Earl Trapp

3. (b) If veteran, name war No

3. (c) Social Security No. 510-07-2959

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice N. Trapp

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased April (Month) 1 (Day) 1894 (Year)

8. AGE: Years 47 Months 6 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Enid, (City, town, or county) Okla. (State or foreign country)

10. Usual occupation Employee

11. Industry or business Packing House

FATHER
12. Name Emery E. Trapp
13. Birthplace ..... (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Harriett Conklin
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Eunice N. Trapp
(b) Address 6038 East 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 10/30/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 28 year 1941 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from OCT 22 1941 to OCT 28 1941 that I last saw him alive on OCT 28 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TERMINAL BRONCHO-PNEUMONIA	6 DAYS
AND CHRONIC INTERSTITIAL NEPHRITIS	
Due to ESSENTIAL HYPERTENSION	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other) D.O.
Address 5A CHAMBERS BLDG Date signed 10/29/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Jac
Rosen
510 Chamber
Bldg
at noon 10/29

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 Clarence H Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E Mo

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

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