

FILLED NOV 14 1941

Registration District No. 88

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town SAINT JOSEPH MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home (205 W Nebraska)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No Hospital  
In this community 16 hrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 West Nebraska?  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1941 hour 8 minute P M.  
21. I hereby certify that I attended the deceased from 10-23  
1941 to 10-23 1941;  
that I last saw her alive on 10-23  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME SHARON RAY TRAINER

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

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

6. (b) Name of husband or wife HARVEY FORREST TRAINER 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 23 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 18 hr. 32 min.

9. Birthplace Saint Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Harvey Forrest Trainer

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

14. Maiden name Edith Jane Chapman

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

16. (a) Informant Harvey F. Trainer

(b) Address 205 West Nebraska

17. (a) Burial (b) Date thereof 10-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Ross

18. (a) Signature of funeral director Chapman & Son Inc

(b) Address 1946 Colhoun

19. (a) Oct. 24, 1941 (b) H. J. Riddlehead  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Premature (7 months)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations

Of autopsy

Duration  
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?

While at work (Specify type of place) (b) Means of injury

23. Signature E. J. Ross (M. D. or other)

Address 500 1/2 W. 1st St. St. Joseph Date signed 10-23-41

**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~~.....

*Not Embalmed 10-23-41*..... Registered Apprentice No.....

working under my personal supervision.

Signed..... *Geo E Daniel*.....

Licensed Embalmer No. *3300*.....

P. O. Address..... *St Joseph 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, fact should be so stated above.**