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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1942

Registration District No. 801

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4430

State File No. 43136

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Sweet Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 111 Main Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether) In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Sweet Springs (If outside city or town limits, write "RURAL")
(d) Street No. 111 Main (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

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3. (a) PRINT FULL NAME PHILIP ALBERT TRAUTMANN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Magdalena C. Trautmann

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November (Month) 6 (Day) 1868 (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day — hr. ✓ min.

9. Birthplace Caseyville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retail Grocer

11. Industry or business

MOTHER FATHER
12. Name Fredrick Trautmann
13. Birthplace — (City, town, or county) Germany (State or foreign country)
14. Maiden name Dorothy Heck
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant Arthur Trautmann
(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Jesse Harvey
(b) Address Sweet Springs Mo

19. (a) 12/9/41 (Date received by local registrar) (b) R. Q. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1941 hour Two minute Fifty P.M.

21. I hereby certify that I attended the deceased from November 25, 1941, to Dec. 8, 1941; that I last saw him alive on Dec. 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	1 Mo.
Due to Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 & 0	
Major findings: Of operations None	
Of autopsy None	

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 A. H. Ringen (M. D. or other) D.
Address Sweet Springs Mo Date signed 12-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-42

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 Jesse H Arvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs Mo

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

If this body is not embalmed, above space should be left blank.