S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21886

State File No.

Registration District No. 609 Primary Registration District No. 5809 Registrar's No. 76

73 0 0

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp-Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Station Hospital, Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days (Specify whether years, months or days)
In this community 3 months 6 days

2. USUAL RESIDENCE OF DECEASED: 999 24 0

(a) State Montana (b) County Unknown

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

(d) Street No. 2206 Virginia Lane
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country - - -

3. (a) PRINT FULL NAME Lawerence Traphagen Jr.,

3. (b) If veteran, name war - -

3. (c) Social Security No. - -

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife - -

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

7. Birth date of deceased September (Month) 27, (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
29	8	9	11 hr. 50 min.

9. Birthplace Sheridan (City, town, or county) Wyoming (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Lawerence F. Traphagen
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Dead
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Soldier's Service Record
(b) Address Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hardin, Montana

18. (a) Signature of funeral director F. W. Knell
(b) Address Carthage, Missouri

19. (a) 6-10-1942 (Date received local registrar) (b) Kearney Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 26, 1942 to June 6, 1942 that I last saw him alive on June 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	42 days
Due to: Hypertension, cause undetermined	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: No operation
Of autopsy: Hemorrhage, recent old Rt. cerebral Hemisphere Hypertrophy Left Ventricle

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 H. A. Myers, Capt MC (M. D. or other)
Address Camp Crowder, Missouri Date signed 6/7/42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-1016
Date Filed JUL 16 1942

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 John D Batchelder

Licensed Embalmer No. 4653

P. O. Address Carthage N

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.