

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community MOST OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GRUNDY
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 CHESTNUT
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTT STEIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ROSE STEIN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT 31 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 0 If less than one day hr. _____ min. _____

9. Birthplace QUINCY ILL. (City, town, or county) (State or foreign country)

10. Usual occupation MARSHMENT

11. Industry or business CLOTHING

12. Name HENRY STEIN

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

14. Maiden name REBECCA STROUS

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

16. (a) Informant NATE STEIN

(b) Address TRENTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/4/42 (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOSEPH MO.

18. (a) Signature of funeral director E. J. Jones

(b) Address Trenton MO

19. (a) 10-1-42 (Date received local registrar) (b) T. A. Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1937 to Oct 1942, 1942
that I last saw him alive on Sept 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid colon
Due to _____
Other conditions Coronary Artery Disease
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 Wm A. Jenson (M. D. or other) MD
Address Trenton MO Date signed 10-7-42

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

40-1-2

MAY 10 1948

NOV 1 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.