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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

Registration District No. 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10297

Primary Registration District No. 5476

Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Grundy

(b) City or town: Rural Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 1 Trenton, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: —

In this community: 83 years in community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy

(c) City or town: Rural, Lincoln Twp
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. # 1 Trenton, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Marshal Trump

3. (b) If veteran, name war: —

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Arvilla Trump

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

7. Birth date of deceased: Jan (Month) 22 (Day) 1860 (Year)

8. AGE: Years 83 Months 1 Days 20 If less than one day: ____ hr. ____ min.

9. Birthplace: Grundy County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

MOTHER FATHER

12. Name: John D. Trump

13. Birthplace: unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name: Emma B. Kleidler

15. Birthplace: unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Arvilla J. Trump

(b) Address: Trenton, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Sixth Emanuel Cemetery

18. (a) Signature of funeral director: Dani Funeral Home

(b) Address: Trenton, Mo.

19. (a) Mar 13, 1943 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1943 hour 10:50 minute P M.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to March 12, 1943; that I last saw him alive on March 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	few years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Influenza	3 wks

Major findings:
Of operations: 13d
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)

(e) While at work? Means of injury:

23. Signature: B. H. Cullers M.D. (M.D. or other)

Address: Trenton Mo Date signed 3-13-43

1350 (Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Eugene A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.