

V. S. No. 2
100M-2-43
Rev. 5-17-36
U.S. G.P.O.
1 X35867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27492**
Registrar's No. **3696**

SEP 7 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 52 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank H. Trainer
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Ida L. Trainer 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 1 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>23</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation Orderly at General Hospital

11. Industry or business _____
MOTHER FATHER { 12. Name Henry R. Trainer
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy J. Richardson
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry L. Trainer
(b) Address 4332 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Forrest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address K. C. Mo.

19. (a) 8-26-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") f
(d) Street No. 1321 Troost
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 24
year 1943 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from August 18 1943 to August 24 1943
that I last saw him alive on August 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration _____
Due to _____ 83a!
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

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) (d) Means of injury _____
23. Signature Dwight R. Thom (M. D. or other) _____
Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Renzel E. Browning*
Licensed Embalmer No. *2724*
P. O. Address *R. E. 200*

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.