

FILED OCT 20 1943

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. **122**

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

1. PLACE OF DEATH:
 (a) County **Grundy**
 (b) City or town **TRENTON**
 (c) Name of hospital or institution: **2112 Chicago St 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **70 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Grundy**
 (c) City or town **TRENTON**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2112 Chicago** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **THOMAS PRIMES**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **31** year **1943** hour **7:35** minute **A** M.
 21. I hereby certify that I attended the deceased from **Jan 1st** 19**43** to **Aug 31st** 19**43** that I last saw him alive on **Aug 30th** 19**43** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ida Hunter Primes** 6. (c) Age of husband or wife if alive **79** years
 7. Birth date of deceased **Oct 7 1857**
 (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**
 Due to **LED NOT KNOWN**

8. AGE:	Years	Months	Days	If less than one day
	85	10	24	— hr. — min.

Other conditions (Include pregnancy within 3 months of death) **f 30!**

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

10. Usual occupation **RAILROADER**

11. Industry or business **Railroad**

12. Name **WILLIAM PRIMES**

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

14. Maiden name **REBECCA HOBBS**

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

16. (a) Informant **Chas. Roberts**
 (b) Address **Leanta, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-1-43**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Home, Trenton, Mo.**

18. (a) Signature of funeral director **Davis Edward**
 (b) Address **Trenton, Mo.**

19. (a) **9-1-43** (Date received local registrar) (b) **Chas. Roberts** (Registrar's signature)

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? _____

23. Signature **Chas. A. Duff** (M. D. or other) **M.D.**
 Address **Trenton, Mo.** (Specify type of place) (b) Means of injury _____
 Date signed **Aug 31st 1943**

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. *My self*

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Drexler, 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.