

Registration District No. 0

Primary Registration District No. 4126

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

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Wyaconda
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jesse Trent

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Luzena Trent 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 25 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>1</u>	<u>11 hr. 30 min.</u>

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Joseph Trent

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Aatie Clarkson

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Trent

(b) Address usa Ill

17. (a) Burial (b) Date thereof Nov. 28 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beclard Cemetery

18. (a) Signature of funeral director Guth Hockett

(b) Address Wyaconda mo

19. (a) 11-30-43 (b) Perry S. Barton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Clark ²⁴

(c) City or town Wyaconda ⁰
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) U
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 43 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Nov 26 1943
that I last saw him alive on Nov 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis unknown

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: 9321

Of operations.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury 2

23. Signature Dr. B. F. Hutchinson, D.O. (M. D. or other)
Address Wyaconda, mo Date 11/30/43

JAN 10 1944

MAR 10 1944

RECEIVED

District Health Officer No. 10

District File Number 12-43-1998

Date Filed DEC 15 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.

Signed.....

George V. Bossett

Licensed Embalmer No. 1817

P. O. Address Wyconda 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.