

FILED AUG 28 1944  
Registration District No. 17/10

Primary Registration District No. 4234

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Andrew Trask

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 28, 1944  
to August 14, 1944  
that I last saw him alive on August 14, 1944  
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, widowed 2 divorced widowed

6. (b) Name of husband or wife Mary Frances Trask 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 7 1884  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of liver  
secondary anemia  
Duration: ?

8. AGE: Years 60 Months 4 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crawford County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joseph E. Trask

13. Birthplace Crawford County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Parlia Eaton

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

16. (a) Informant Miss Mary Lee Trask

(b) Address Dexter Mo.

17. (a) burial (b) Date thereof 8-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address At White Ironton Mo.

19. (a) Aug 26 1944 (b) Mrs. Francis C. Howard  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions secondary anemia  
(Include pregnancy within 3 months of death)

Major findings: 46 f

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 m. 22.

23. Signature P. E. Harland (M.D. or other)

Address Ironton, Missouri Date signed 8-21-44

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

SEP 5 1944

AUG 29 1944

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**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 *Arnell J. White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *San Antonio, Tex*.....

**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.**