. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27455

Registration District No. 152 Primary Registration District No. 5573A Registrar's No. 16

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Oak Grove (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at the home of his brother, James
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 month 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County 999
(c) City or town Los Angeles
(If outside city or town limits, write "RURAL")
(d) Street No. 3410 Mercie Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Harry Clifford Trabue
3. (b) If veteran, name war x
3. (c) Social Security No. 560-14-2327
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Josie Trabue
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 2, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	19	hr. min.

9. Birthplace Keene, Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation motorman (retired)
11. Industry or business Los Angeles street railway
FATHER 12. Name William Trabue
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy Proctor
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant James Trabue
(b) Address Oak Grove, Missouri
17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof Aug. 28-46 (Month) (Day) (Year)
(c) Place: burial or ~~removal~~ Los Angeles, Calif.
18. (a) Signature of funeral director W. M. Reppert
(b) Address Buckner, Mo.
19. (a) Sept. 22/1946 (Date received local registrar) (b) Mrs Jessie M. Liston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1946 hour 8 minute 10 AM M.
21. I hereby certify that I attended the deceased from Aug. 20, 1946 to Aug. 21, 1946 that I last saw him alive on Aug. 21. 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Hypertension	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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:
(c) 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)
While at work? (e) Means of injury

23. Signature L. W. Higgins (M.D. or Coroner) D.O.
Address Buckner, Mo. Date signed Aug. 22-1946

135 (Licensed Embalmer's Statement on Reverse Side)

SEP 6 1946

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.....W. M. Leppert.....

Licensed Embalmer No.....7321.....

P. O. Address.....Buckner 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.