

FILED OCT 16 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4199

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:
in street at 921 Walnut 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1846 Belleview Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Paul S. Trimble

3. (b) If veteran, name war None 3. (c) Social Security No. 495-10-3445

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 23 hr. _____ min. _____

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

10. Usual occupation Photographer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Trimble 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucia Starnes
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude W. Rolfe
(b) Address Wetmore Kansas

17. (a) Burial (b) Date thereof 10-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K. C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 10-4-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1946 hour 11:15AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the _____ day of _____, 19____, at _____ hour _____ minute _____ duration _____

Immediate cause of death Coronary Sclerosis
Due to _____

Due to _____
Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Victory 9 & Inspector
PHYSICIAN _____ Underline the cause to which death should be attributed 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? At home (Specify type of place) _____ of injury _____
23. Signature W. J. ... (M. D. or D. O. M. D.)
Address 3800 Main _____

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

32643

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.....

Blaine E. Weiler

Licensed Embalmer No..... *4075*

P. O. Address..... *K. C. 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.