. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40892

Primary Registration District No. 1002

Registrar's No. 5274

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: K. C. General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hrs 30 mi. In this community: 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3733 Baltimore (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: HARRY T. TRIMBLE
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Ma
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Sgl
6. (b) Name of husband or wife: XX
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: April (Month) 8 (Day) 1877 (Year)

8. AGE: Years 69 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace: Larned (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Chas. Ladd R. E. Co.

FATHER
12. Name: Dr. Robert A. Trimble
13. Birthplace: (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Mary Elizabeth Liter
15. Birthplace: (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Miss Fontelle Trimble
(b) Address: 3733 Baltimore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 12-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1946 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 1943 to Dec 14 1946 that I last saw him alive on Dec-14 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Probable Venous Thrombosis Vena Cava ? abdominal	
Due to: arterio sclerosis abdominal aortic aneurysm	
Due to: myocardial degeneration (recent)	
Other conditions (Include pregnancy within 3 months of death): no distinct signs of ruptured aneurysm	

Major findings:
Of operations: /
Of autopsy: No

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Herbert Tuthill (M. D. or other)
Address: 1211 Rialto Bldg. Date signed: Dec. 15-1946

(Licensed Embalmer's Statement on Reverse Side)

Pratts
V1 - 5832
1037 W. 71 Ter Ga 6764

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.