

No. 2
-12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1379

State File No. _____

FILED FEB 11 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 444

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether In this community _____ 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. 3711 Fremont
(If rural, give location)

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

3. (a) PRINT FULL NAME Elbert Trent

3. (b) If veteran, name war No

3. (c) Social Security No. 491-07-7848

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan. 25 1947 to Jan. 28 1947
that I last saw him alive on Jan. 28 1947
and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Maude Trent

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 16 1888
(Month) (Day) (Year)

Immediate cause of death Undetermined (m.m.o.)

Duration _____

8. AGE: Years 58 Months 1 Days 12
If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2.00 C

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

10. Usual occupation Employee Krahenbuhl Greenhouse

11. Industry or business Geo. W. Trent

12. Name Geo. W. Trent

13. Birthplace Nebr.
(City, town, or county) (State or foreign country)

14. Maiden name Ida E. Sheeks
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Maude Trent

(b) Address 3711 Fremont

17. (a) Burial (b) Date thereof 1-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director J. W. Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 1-29-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy None

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 _____

23. Signature W. W. Hart (M. D. or other) Dr. H
Address Med. Dir. Gen'l Hosp. Date signed 1-28-47

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

Irrelawugh

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 *Alvin R. Hainschold*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.