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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 132

Primary Registration District No. 2021

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County GRUNDY

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

(c) Name of hospital or institution:  
1004 EAST 8TH ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY

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

(d) Street No. 1004 EAST 8TH ST  
(If rural, give location)

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

3. (a) PRINT FULL NAME JESSIE McPARTY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. N.W.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2nd year 1947 hour 12:05 minute P M.

21. I hereby certify that I attended the deceased from 2-27-1947 to 3-2-1947  
that I last saw him or alive on 3-2-47 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHAS McPARTY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JANUARY 31 1890  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia

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

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

8. AGE: Years 57 Months 1 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions Onset with Influenza

Major findings: Influenza

Of operations \_\_\_\_\_

Of autopsy 3PA

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name FRANK B LAX

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

14. Maiden name CHARLES STUART

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

16. (a) Informant Stone City

(b) Address TRENTON, MO

17. (a) BURIAL (b) Date thereof MAR. 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery, Trenton MO

18. (a) Signature of funeral director Raymond A. Wain

(b) Address Stone City MO

19. (a) 3/3/47 (b) Raymond A. Wain  
(Date received local registrar) (Registrar's signature)

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 Raymond A. Wain (M.D. or other) MO  
Address Trenton MO Date signed 3-3-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

40  
1  
2

County

115

(Licensed Embalmer's Statement on Reverse Side) FUSON

MAR 27 1947

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

Walter E. Meyer

, Registered Apprentice No. 458

working under my personal supervision.

Signed

James A. Hamlin

Licensed Embalmer No. 3424

P. O. Address

Jrenton 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.