

S. No. 2
M-5-43
7-5-17-39
P I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10391**

FILED MAR 28 1947
Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **15**

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

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 500 West 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)
 In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Fern Trenkel
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Fem. 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clarence G. Trenkel
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased April 5, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name E. C. Morse, 9

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

14. Maiden name Maude Cornelius,

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

16. (a) Informant Clarence G. Trenkel

(b) Address 500 West 8th St.,

17. (a) Burial (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla; Cemetery

18. (a) Signature of funeral director Null & Sons Funeral Home

(b) Address 508 West 8th St. Rolla Mo.,

19. (a) 3-19-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Phelps 81
 (c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 500 West 8th St., 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3, 1940, to 3-11, 1947
 that I last saw h. er alive on 3-11, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon 3 yrs.
 Duration

Due to _____

Due to _____

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

Major findings:
 Of operations U6E
 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:

(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? _____

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

23. Signature E. E. Farnish M.D. (M. D. or other) G

Address Rolla Mo. Date signed 3-14-47

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.....

Paul E. V. Jones....., Registered Apprentice No. 428

working under my personal supervision.

Signed..... Paul E. V. Jones

Licensed Embalmer No. 2294

P. O. Address..... Rolla 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.