

Registration District No. **340**

Primary Registration District No. **6152**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Stoddard**

(b) City or town **Dexter, Route 3 (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**8 Miles West of Bernie, Missouri**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**

(c) City or town **Dexter, Mo. Route 3**  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **LUTHER E. TRENT**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**  
year **1947** hour **1** minute **0** M.

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mary Trent**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Jan 3 1882**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **3** Days **0**  
If less than one day hr. min.

Immediate cause of death **investigation shows that death was caused by heart disease**

Due to.....

Due to.....

9. Birthplace **unknown** **Tenn**  
(City, town, or county) (State or foreign country)

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

Major findings:  
Of operations..... **45C**

Of autopsy.....

10. Usual occupation **Farmer**

11. Industry or business.....

MOTHER FATHER

12. Name **Henry Trent**

13. Birthplace **unknown** **Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Richardson**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary Trent**

(b) Address **Dexter, Mo. Route 3**

17. (a) **Burial** (b) Date thereof **4/6/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethel Cemetery**

18. (a) Signature of funeral director **Robert E. DUMM**

(b) Address **Bernie, Mo.**

19. (a) **4/10-47** (b) **Lottie Jaynes**  
(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) **neither**

(b) Date of occurrence **April 3, 1947**

(c) Where did injury occur? **Dexter, Stoddard Mo.**  
(City or town) (County) (State)

(d) Did injury occur to or about home, on farm, in industrial place, in public place?  
**On farm**

While at work.....  
(Specify type of place) (e) Manner of injury

23. Signature **L. J. Cox** (M.D. or Other) **Cor.**

Address **Dexter, Mo.** Date signed **4-3-47**

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

RECEIVED

District Health Office No. 2,

District File Number 447-555

Date Filed 4-14-42

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 *J. G. Schainman*  
Licensed Embalmer No. *4086*  
P. O. Address *Quincy*

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.