

FILED JUL 3 1948

State File No. _____

Registration District No. 314

Primary Registration District No. 6008

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. CLAIR
 (b) City or town DEEPWATER (RURAL) CHALK
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 5 mo.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
 (c) City or town BOCKVILLE Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN TRENT

3. (b) If veteran, name war no
 3. (c) Social Security No. no.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 18 1867
 (Month) (Day) (Year)

8. AGE: Years: 81 Months: 2 Days: 15
 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER {
 12. Name William Trent
 13. Birthplace unknown 2nd I.
 (City, town, or county) (State or foreign country)
 14. Maiden name CAROLINE SMITH
 15. Birthplace unknown 2nd I.
 (City, town, or county) (State or foreign country)

16. (a) Informant Gene Nelson
 (b) Address Deepwater, Mo.

17. (a) BURIAL (b) Date thereof 5 31 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation APPLETON CITY Mo.

18. (a) Signature of funeral director Oscar Eckhoff
 (b) Address Appleton City Mo.

19. (a) 5-28-1948 (b) Ruth Seewers
 (Date received local registrar) (Registrar's signature) 794

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2005 1947 to 29 May 1948
 that I last saw him alive on 24 May 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, etc.
 Duration _____

Due to _____

Due to _____

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

Major findings: Of operations AS

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? _____

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

23. Signature W. L. ... (M. D. or other) 29 May 48
 Address Appleton City Date signed _____

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

RECEIVED

District Health Officer No. 7,

District File Number 6-48-713

Date Filed 7-1-48

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Wis.

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.