

308
10-47
7-39
3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 28 1948

STANDARD CERTIFICATE OF DEATH

State File No. 33296
Registrar's No.

Registration District No. 56

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns
(d) Length of stay: In hospital or institution 7 days
In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1026 Main St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Walter Theodore Trimble
3. (b) If veteran, name war None
3. (c) Social Security No. unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Sept. 6 1881

8. AGE: Years 67 Months 1 Days 12

9. Birthplace Kansas City Missouri

10. Usual occupation Construction worker

11. Industry or business Construction work

12. Name Hiran Edwin Trimble

13. Birthplace Johnson Co. Iowa

14. Maiden name Eliza Jane Repert

15. Birthplace Unknown

16. (a) Informant E. E. Trimble

(b) Address 1213 W. 9th St. Joplin, Mo.

17. (a) Burial (b) Date thereof 10/20/48

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut-Glover Mort

(b) Address Joplin, Mo.

19. (a) 10 23 48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1948 hour 3 minute P M.
21. I hereby certify that I attended the deceased from 10-12-48
to 10-18-48
that I last saw him alive on 10-18
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
decompensation
Due to Valvular heart disease
Duration 6 days

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

Major findings: Of operations
Of autopsy

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

33. Signature [Signature] (M. D. or other)
Date signed 10/21/48

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

MOTHER, FATHER

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 Paul Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.