

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27795

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5994 Registrar's No. 42

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Putnam  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Putnam |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Bickland Township   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bickland Township                         |                                     |
| c. LENGTH OF STAY (in this place) 61 years   |  | d. STREET ADDRESS (If rural, give location) Unionville R.F.D. 1  |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |                                     |
| 3. NAME OF DECEASED<br>a. (First) Jacob  |  | b. (Middle) TRENTER  |                                     |
| c. (Last)  |  | 4. DATE OF DEATH (Month) (Day) (Year) August-26-1949   |                                     |
| 5. SEX 0   | 6. COLOR OR RACE white   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2   | 8. DATE OF BIRTH Dec.-31-1857       |
| 9. AGE (In years last birthday) 91   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 11. BIRTHPLACE (State or foreign country) Clark County, Missouri   | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION  | 10b. KIND OF BUSINESS OR INDUSTRY FARM   |  |                                     |
| 13a. FATHER'S NAME Abe TRENTER   |  | 13b. MOTHER'S MAIDEN NAME UNKNOWN  |                                     |
| 13c. NAME OF HUSBAND OR WIFE Elizabeth TRENTER   |  |  |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  |  | 16. SOCIAL SECURITY NO. None   |                                     |
| 17. INFORMANT'S SIGNATURE OR NAME Grace Tenter   |  | ADDRESS Unionville, Mo.  |                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of face                               |                                     |
| II. ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  | INTERNAL BETWEEN ONSET AND DEATH 191X  |                                     |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |                                     |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |                                     |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                     |                                     |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                       |                                     |
| 21f. HOW DID INJURY OCCUR?   |  |  |                                     |
| 22. I hereby certify that I attended the deceased from _____, 1946, to _____, 1949, that I last saw the deceased alive on _____, 1949, and that death occurred at 4:05 P.M., from the causes and on the date stated above.     |  |  |                                     |
| 23a. SIGNATURE J. M. Johnson   |  | 23b. ADDRESS Unionville, Mo.   |                                     |
| 23c. DATE SIGNED 8/27/49   |  |  |                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE Aug-28-1949  |                                     |
| 24c. NAME OF CEMETERY OR CREMATORY Pherigo Cemetery  |  | 24d. LOCATION (City, town, or county) Putnam County, Mo.   |                                     |
| DATE REC'D BY LOCAL REG. 8-27-49   |  | REGISTRAR'S SIGNATURE Marvell Durbin   |                                     |
| 25. FUNERAL DIRECTOR'S SIGNATURE Constock Funeral Home   |  | ADDRESS Unionville, Mo.  |                                     |

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

RECEIVED AUG 30 1949  
District Health Officer No. 1  
District File Number 8-49-15  
Date Filed AUG 30 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed James W. Somstock  
Licensed Embalmer No. 4197

P. O. Address Unionville, 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.