

REC'D JAN 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44038  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Linn Registration District No. 653-  
(b) Township Hayt Primary Registration District No. H390  
(c) City Hayt (d) Street No. 5864 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Hayt, Mo. RFD #1 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
73 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Famer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville, Tenn

FATHER 13. NAME William Henry Trant  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Dicie Morgan  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville, Tenn

17. INFORMANT (ADDRESS) J. D. Trant  
Hayt, Mo. RFD #1

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery DATE 12-7

19. FUNERAL DIRECTOR (ADDRESS) Ray Linn & Wood Co.  
Hayt, Mo.

20. FILED Dec 10 1938 JWRhodes  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

I dont know possibly a second paralytic stroke

Other contributory causes of importance:  
this man had a paralytic stroke some time ago.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....  
(Signed) Jack Kelly Coroner M.D.

5864 (Address) Hayt, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I. X12004

RECEIVED

District Health Officer No.

District File Number 39-11

Date Filed 1-11-2

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**