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

43488
Do not use this space.

1. PLACE OF DEATH
(a) County Henry 2 Registration District No. 347
(b) Township 1 Primary Registration District No. 3018 Registered No.
(c) City Clinton 1 (d) Street No. 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 653 James A. Trent
(a) Residence, No. 108 West Allen St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Trent
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 4 1845
7. AGE: Years 94 Months 11 Days 21 If LESS than 1 day, ...hrs. or ....min.

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. Retired
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): Indiana 1

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 1

MOTHER
15. MAIDEN NAME: Cherry 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. Orville Tally Clinton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 12-28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Consalus & Peck Clinton, Mo. 312
20. FILED 12-30 1939 Dr. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1939
22. I HEREBY CERTIFY, That I attended deceased from 10-1 1939, to 12-25 1939
I last saw him alive on 12-20 1939. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia & uremia	12-20-39
137	

Other contributory causes of importance:

Hypertrophied prostate & cystitis	1935

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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) G. Swalker, M. D.
(Address) Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

1 X14023

RECEIVED
District Health Officer No. 7
District File Number 1-40-6
Date Filed 1-9-40

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 M. D. Snow

Licensed Embalmer No. 40-34

P. O. Address Clinton 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, above space should be left blank.