FILED APR 8 1940

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

12782
Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 897
(b) Township Finley — Primary Registration District No. 6701 — Registered No. 9
(c) City — (d) Street No. 2 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 Maudie Belle Trent
(a) Residence, No. 653 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 31 1938
7. AGE: Years 1 — Months 6 — 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.:
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): Webster Co. Mo
FATHER
13. NAME: Okie Trent
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
MOTHER
15. MAIDEN NAME: Grace Smiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
17. INFORMANT (ADDRESS): Okie Trent, Seymour Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Shanfield Cem. DATE: Mar 22 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kelley-Ferrell, Seymour Mo
20. FILED: 3-21 1940 R E McMahan, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 21 1940
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 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Head Injury — Date of onset

Other contributory causes of importance:

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? Accident Date of injury Mar 17, 1940
Where did injury occur? in the home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fall from Chair
Nature of injury: Head Injury
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) K. K. Kelley, Coroner, M. D.
(Address) Seymour 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.

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RECEIVED

District Health Officer No. 6,

District File Number 440-958

Date Filed APR 5 1940

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 K K Kelley

Licensed Embalmer No. 0 3334

P. O. Address Seymour 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.