

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.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles E. Trenton

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Sept. 11, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>22</u>	hr. <u>---</u> min. <u>---</u>

9. Birthplace Westernport Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER  
 { 12. Name Joseph Simpson Trenton  
 { 13. Birthplace W. Va.  
 { 14. Maiden name Rebecca C. Gilbert  
 { 15. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. H. Trenton

(b) Address Sherman, Texas

17. (a) Burial (b) Date thereof 9-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City Missouri

19. (a) Sept. 5, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Victoria Hotel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. --- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1940 hour --- minute --- M.

21. I hereby certify that I attended the deceased from Aug 24 Aug 24, 1940, to Sept 13, 1940  
that I last saw him alive on Sept 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic (Cerebral, Myocardial & nephritic)  
Due to 1 1/2  
Due to 1 1/2

Other conditions Terminal Bronchial Pneumonia 5 days  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

Duration 3  
PHYSICIAN 3  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none  
While at work? none (Specify type of place) (e) Means of injury none

23. Signature Harvey Bennett (M. D. or other) M.D.  
Address Kansas City, Mo. Date signed Sept 4, 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.....

*Olmer C. Wedelin*

Licensed Embalmer No. *3495*

P. O. Address. *Kansas City 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.**