

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 27

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether)
In this community 60 years (years, months or days)

3. (a) PRINT FULL NAME THOMAS T. TRAINOR
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Trainor 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 9, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	4	22	hr. min.

9. Birthplace DeSota Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Night Foreman

11. Industry or business Sharp Building

12. Name Patrick Trainor

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name No record
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Trainor

(b) Address 4733 Holly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Zwitek & Robin Co

(b) Address R. P. Co

19. (a) 1-3-41 (Date received local registrar) (b) M. M. Brown (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. 4233 Holly (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 1 1941
year hour minute 9:12 P M.

21. I hereby certify that I attended the deceased from 1940 to 1941 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Injury of Chest & abd
Due to 170 E-10
Due to 21
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence Jan 1, 1941
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? deceased probably struck by motor vehicle in public place (Specify type of place) (e) Means of injury Vehicle

23. Signature [Signature] (M.D. or other)
Address [Address] Date signed [Date]

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

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

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.....

Charles M. Ewert

Licensed Embalmer No.....

3774

P. O. Address.....

RC Md

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.