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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6278

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 153

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 W. Nebraska (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 3 Hours
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 205 W. Nebraska (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Eugene Trainer
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 3rd (Day) 1941 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 3 hr. 0 min.

9. Birthplace: St Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: None
11. Industry or business: —
MOTHER FATHER
12. Name: Harvey Forest Trainer
13. Birthplace: Madena (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Edith Jane Chapman
15. Birthplace: Wathena (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Mr. H. F. Trainer
(b) Address: 205 W. Nebr. St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Mora
18. (a) Signature of funeral director: Fleeman & Son, Inc.
(b) Address: St. Joseph, Mo.
19. (a) 2-5-1941 (Date received by local registrar) (b) H. J. Nestlebush (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd. year 1941 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 3rd, 1941, to Feb. 3rd, 1941; that I last saw him alive on Feb. 3rd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature 7 mo.
Due to: 134
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: —
Of autopsy: —

Duration

PHYSICIAN
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):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

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23. Signature: Harry L. Rothrock (M. D. or other) M.D.
Address: Corby Hotel Bldg. St. Joseph Date signed 2-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 Carl W. Kau

Licensed Embalmer No. 3955

P. O. Address St. Joseph, M

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.