

STANDARD CERTIFICATE OF DEATH

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1608 Nichols ST  
(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)

In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy <sup>40</sup>

(c) City or town TRENTON <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1608 Nichols ST  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME GEORGE J. TRUMP

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Male <sup>1</sup> Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Trump

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 8 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pickaway County Ohio <sup>1</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Trump

13. Birthplace Germany <sup>4</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name May Krueger

15. Birthplace Logan County Ohio <sup>1</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Trump

(b) Address Trenton, Missouri

17. (a) ~~Address~~ (b) Date thereof Feb 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kruker County, Ind, Cal

18. (a) Signature of funeral director Wm. J. ...

(b) Address Trenton, Mo.

19. (a) 2-14-41 (b) Drene D. Jau  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 <sup>4</sup>  
year 1941 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Oct 1  
1940, to Feb 12, 1941.

that I last saw him alive on Feb 12, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum <sup>10/14 yrs</sup>

Due to  \_\_\_\_\_

Due to  \_\_\_\_\_ <sup>46 yrs</sup>

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? \_\_\_\_\_

300 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. Rooks (M. D. or other) <sup>11</sup>  
Address Trenton Mo Date signed 2-10-41

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.....

*Robert B. W. [Signature]*

Registered Apprentice No. *212*

working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer-No. *3424*

P. O. Address *Franklin Ave*

**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.**