

No. 2
11-10-39
5-17-39
I X21492

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14736

State File No.

Registration District No. 387

Primary Registration District No. 5540

Registrar's No.

1. PLACE OF DEATH:

(a) County Hawley
(b) City or town Pomona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ann Creek
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 days (Specify whether years, months or days)
In this community 86 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jemima Trappitt

3. (b) If veteran, name war ✓

(c) Social Security No. ✓

4. Sex 7 W
5. Color or race W

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

(b) Name of husband or wife Turner Trappitt

6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased 7-16-1885
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 26
If less than one day hr. min.

9. Birthplace Hawley Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Samuel C. Cudecat

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

14. Maiden name Wm. E. Deit

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Doris Trappitt

(b) Address Pomona Mo.

17. (a) 12 (b) Date thereof 4-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballwin Mo.

18. (a) Signature of funeral director Wm. E. Deit

(b) Address Mo.

19. (a) 4-25 (b) Doris Trappitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hawley
(c) City or town Pomona
(If outside city or town limit, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12
year 1941 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Jan. 1, 1939, to Apr. 12, 1941
that I last saw her alive on Apr. 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Dropsy of heart

Due to nephritis blood and old age

Due to general dropsy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1718

Of autopsy

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?

347 (Specify type of place) While at work? (e) Means of injury

23. Signature J. A. Balf M.D. (M. D. or other) 11

Address Pomona Date signed Apr. 21

(Licensed Embalmer's Statement on Reverse Side)

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

600

RECEIVED

District Health Officer No. 5,

District File Number 5411625

Date Filed _____

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 _____

Licensed Embalmer No. 34532

P. O. Address Mar. Plains 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.