No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 15 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28364

Primary Registration District No. 5440

Registrar's No. 675

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 9 Days. (Specify whether years, months or days)
In this community 2 Months 9 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State COLORADO (b) County DENVER

(c) City or town DENVER
(If outside city or town limits, write "RURAL")

(d) Street No. 1737 Central Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME TRUJILLO, Abe

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 4

5. Color or race Mexican 0

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April (Month) 7th, (Day) 1907 (Year)

8. AGE: Years ✓ 34 | Months 4 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Trinidad, (City, town, or county) Colorado 1 (State or foreign country)

10. Usual occupation Mining

11. Industry or business Trujillo

FATHER
12. Name Joe ~~Trujillo~~
13. Birthplace ~~Colorado~~ Unknown (City, town, or county) Colo 1 (State or foreign country)

MOTHER
14. Maiden name Eva Pachecho,
15. Birthplace ~~Colorado~~ Unknown (City, town, or county) Colo 1 (State or foreign country)

16. (a) Informant Deceased
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Denver Colorado

18. (a) Signature of funeral director Cline
(b) Address Springfield, Mo.

19. (a) 8-20-41 (Date received local registrar) (b) W. E. Hundley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19, year 1941 hour ~~Aug~~ 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 10, 1941 to August 19, 1941, that I last saw him alive on Aug. 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis / bilateral, chronic, far advanced, miliary — Duration prior to admission

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature Henry A. Rasmussen (M.D. or other)
Address M.C.F.P., Springfield, Mo. Date signed 8-20-41.

(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.....

Licensed Embalmer No.....3681.....

P. O. Address.....Springfield, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.