

No. 2
-4-41
17-39
X28390

FILED NOV 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3918**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
In this community **40 years** **0**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**

(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2732 Kensington**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country **11**

3. (a) PRINT FULL NAME **TONY A. TRENT**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male** **0**

5. Color or race **white**

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

6. (b) Name of husband or wife **Mrs. Mary C. Trent**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased. **May 24, 1872**
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **24**
If less than one day hr. min.

9. Birthplace **Princeton, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Printer**

11. Industry or business.

12. Name **Abraham Trent**

13. Birthplace **Ill.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name. **Lucinda Taylor**

15. Birthplace. **Ill.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo. Klein**

(b) Address **2110 Erie, North K. C. Mo.**

17. (a) Removal **10-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date thereof

(c) Place; burial or cremation **Spickard, Missouri**

18. (a) Signature of funeral director **Morton Funeral Home**

(b) Address **North Kansas City, Mo.**

19. (a) **10/20/41** **(b) M. H. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October**, day **18**
year **1941** hour **8:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 15**
19 **41** to **Oct 18** 19 **41**
that I last saw him alive on **Oct 17** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prostate, carcinoma**

Due to **Carcinoma of prostate**

Due to **arterio-sclerosis, heart disease**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings: **None**
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?

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

23. Signature **M. H. Crowe** (M. D. or other)
10/20/41 **1941**
Address **North Kansas City, Mo.** Date of death **Oct 18**

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

MOTHER FATHER

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.....

Harold L. Posson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold L. Posson

Licensed Embalmer No. **3605**

P. O. Address **North Kansas City, 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.