

DEC 16 1941 475
Registration District No. 475

Primary Registration District No. 5639

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Verona Gen. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 1/2 Hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1941 hour 3 minute 00 a.m.
21. I hereby certify that I attended the deceased from November
14th 1941, 19, to November 15, 1941
that I last saw him alive on November 15, 1941, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchial Pneumonia ✓
Duration
?

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
107

Major findings:
Of operations _____
Of autopsy None
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 2

23. Signature F. Avery Watson M. D. or other P.O.
Address Verona Gen. Hospital Date signed 11-17-41

3. (a) PRINT FULL NAME Leon Lilbarn Trent
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 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 16 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 19 hr. min.

9. Birthplace Hutchinson Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Morgan James Trent
13. Birthplace Hutchinson Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Marjorie Ailene Reed
15. Birthplace Hutchinson Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Ailene Trent
(b) Address Cassville, Mo.

17. (a) Burial (b) Date thereof Nov. 17, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Side Cemetery

18. (a) Signature of funeral director Horine-Culver
(b) Address Cassville, Mo.

19. (a) 11-20-41 (b) A. J. Rudy
(Date received local registrar) (Registrar's signature)

426

(Licensed Embalmer's Statement on Reverse Side) Verona, Mo.

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

306

41
39
X28390

DEC 29 1941

RECEIVED
District Health Officer No. 6,
District File Number 1241-1858
Date Filed DEC 12 1941

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 R Gordon Bennett
Licensed Embalmer No. 4213
P. O. Address Cassville, Missouri

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.