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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: 2040 N. Howard
(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 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2040 N. Howard
(If rural, give location)

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

3. (a) PRINT FULL NAME IDA MAY TRENT

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1942 hour 10:45 minute _____ P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John William Trent

6. (c) Age of husband or wife if alive 70 1/2 years

7. Birth date of deceased: October 12, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 1942 to April 19 1942
that I last saw her alive on April 19 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 6 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma Cervix 3mm

Duration _____

9. Birthplace Perryville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

Due to _____

Due to _____

Other condition Severe acute jaundice
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations none

Of autopsy no

MOTHER { 12. Name Joe Burgee

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

14. Maiden name Unknown Hogard

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant John W. Trent

(b) Address 2040 N. Howard, Spfld, Mo

17. (a) Burial (b) Date thereof 4/21/42
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

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? _____

18. (a) Signature of funeral director F. C. Thieme

(b) Address Springfield, Mo

19. (a) 4-21-42 (b) B. W. Standley
(Date received local registrar) (Registrar's signature)

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

23. Signature B. Freeman (M. D. or other) _____

Address Springfield, Mo Date signed 4/19/42

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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, fact should be so stated above.