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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 6 1942  
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2125

038  
AUG 3 1942

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

**1. PLACE OF DEATH:**

(a) County JACKSON

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

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

(d) Length of stay: In hospital or institution 32 hrs.  
(Specify whether)

In this community 32 HOURS.  
years, months or days

**2. (a) PRINT FULL NAME** MARIAN A. TRONJO

**3. (b) If veteran,**  name war. **3. (c) Social Security** No.

**4. Sex** FEMALE **5. Color or race** WHITE

**6. (a) Name of husband or wife** GEORGE G. TRONJO **6. (a) Single, widowed, married,**  divorced MARRIED

**7. Birth date of deceased** APRIL 6, 1869  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 1 Days 25 If less than one day hr. \_\_\_\_\_ min.

**9. Birthplace** HARRISONVILLE MISSOURI  
(City, town, or county) (State or foreign country)

**10. Usual occupation** HOUSE WIFE

**11. Industry or business**

**MOTHER FATHER**

**12. Name** WILLIAM R. CHAPLIN

**13. Birthplace** TIFFIN OHIO  
(City, town, or county) (State or foreign country)

**14. Maiden name** SUSAN E. LEWIS

**15. Birthplace** WARREN COUNTY ILLINOIS  
(City, town, or county) (State or foreign country)

**16. (a) Informant** GEORGE G. TRONJO

**(b) Address** LOUISBURG KANSAS

**17. (a) BURTAL** (Burial, cremation, or removal) **(b) Date thereof** 6-2-1942  
(Month) (Day) (Year)

**(c) Place: burial or cremation** LOUISBURG-KANSAS

**18. (a) Signature of funeral director** Walter B. Myron

**(b) Address** Louisburg Kansas

**19. (a) May 31 1942** (Date received local registrar) **(b) W. M. Crown** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State KANSAS **(b) County** MIAMI <sup>999</sup>

(c) City or town LOUISBURG <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ <sup>2</sup>  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month MAY day 31  
year 1942 hour 2 minute 00 A.M.

**21. I hereby certify that I attended the deceased from** 4-9-42  
\_\_\_\_\_ 19\_\_\_\_ to 5-31 1942  
that I last saw h.c. alive on 5-31 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death valvular insufficiency

Due to \_\_\_\_\_ <sup>925</sup>

Due to \_\_\_\_\_

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

J. V. Ferrel M.D. **PHYSICIAN**

**Major findings:** Of operation \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

**23. Signature** J. V. Ferrel (M. D. or other)

**Address** Quincy Kansas **Date signed** 5/31-42

501

(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.....

*by me.*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ward B. Ruyser*.....

Licensed Embalmer No. *3222*.....

P. O. Address *Southburg, N.H.*.....

**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.**