

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Crnk. J. Pines Rural Sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether  
In this community 32 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Oliver Trenchard

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 Married

6. (b) Name of husband or wife Orna Trenchard 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan. 17 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>4</u>	<u>8</u>	hr. <input checked="" type="checkbox"/> min.

9. Birthplace Boone, Ia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business \_\_\_\_\_

12. Name W. H. Trenchard

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

14. Maiden name Edith J. Balgu

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

16. (a) Informant Orna Trenchard

(b) Address Hardin, Ia

17. (a) Burial (b) Date thereof May 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cemetery

18. (a) Signature of funeral director Jno W Knipschild

(b) Address Hardin, Ia

19. (a) May 26 1942 (b) Mrs. Chas. Wolpe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1942 hour 1:45 A.M. M.

21. I hereby certify that I attended the deceased from May 25 1942 to May 25 1942  
that I last saw him alive on May 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 hours

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

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: J 30

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? 0

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

23. Signature Carl H. Red (M. D. or other)

Address Hardin Date signed 5/25/42

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

89  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-11-42

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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.