

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3050

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Decker T B M Ward

(d) Length of stay: In hospital or institution 1 month 14 days

In this community 38 years 5 months 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 1925 Cleveland

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John E. Trent

(b) If veteran, name war 1921-1924

(c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 28 1903

8. AGE: Years 38 Months 7 Days 12

9. Birthplace Kansas City Missouri

10. Usual occupation Detective operator

11. Industry or business owner

12. Name John T. Trent

13. Birthplace Princeton Missouri

14. Maiden name Alice Lane

15. Birthplace Ireland

16. (a) Informant Decker T B M Ward

(b) Address 2425 Kansas

17. (a) Burial (b) Date thereof 8-12-42

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Melody McElilly

(b) Address K.C. Mo

19. (a) 8-11-42 (b) M. M. Browne

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1942 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 26 1942 to August 10 1942 that I last saw him alive on August 10 1942 and that death occurred on the date and hour stated above

Immediate cause of death Active hi-lateral pulmonary tuberculosis

Due to 13 B

Other conditions

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (Specify type of place) While at K.C. T.B. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

#P

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.....

Licensed Embalmer No. *2999*

P. O. Address..... *ICC*

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.