

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1942, 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4796

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 St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 2 months 9 days
 (Specify whether
 In this community 12 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2806 East 31st Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Barbara Trapp

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Fred Trapp 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: April 10 1884
 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Just

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

14. Maiden name Barbara Zick

15. Birthplace Idola 72 ans. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Trapp
 (b) Address 2806 E. 31st

17. (a) Burial (b) Date thereof Dec. 24, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (e) Signature of funeral director W. H. Newcomer, Sr.
 (b) Address 1401 Brush Creek Blvd.

19. (a) 12-23-42 (b) M. M. Karow
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
 year 1942 hour 1 minute 17 A. M.

21. I hereby certify that I attended the deceased from Dec. 13, 1942, to Dec. 22, 1942
 that I last saw her alive on Dec. 20, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis
 Due to central thrombosis Duration 5 min.

Due to central thrombosis 6 min.

Other conditions 82B
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature M. M. Karow (M. D. or other) _____
 Address 1418 Professional Bldg. Date signed 12-22-42

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

Miss Kraft

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.....

C. Harvey Jensenburg

Licensed Embalmer No. *4070*

P. O. Address. *T. C. 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.