

FILED MAR 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. **4355**

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **New Madrid**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **No**  
(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 **about 15 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **New Madrid**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ADAM TRAPP**

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

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **UNK.** years

7. Birth date of deceased **about 1869**  
(Month) (Day) (Year)

8. AGE: Years **about 74** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **UNK.** **ILL**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARM LABOR**

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

MOTHER FATHER { 12. Name **UNK.**  
13. Birthplace **UNK.** **UNK**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNK.**  
15. Birthplace **UNK.** **UNK**  
(City, town, or county) (State or foreign country)

16. (a) Informant **ARL CURTH WERTSON**

(b) Address **NEW MADRID, MO**

17. (a) **BURIAL** (b) Date thereof **JAN 31-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **EVERGREEN**

18. (a) Signature of funeral director **Richardson and Co.**

(b) Address **New Madrid, Mo**

19. (a) **Feb. 7, 1943** (b) **Chloe Spittler**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan**, day **30**  
year **1943** Hour **UNK.** minute **UNK.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him  alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **SUICIDE, SHOT HIMSELF IN HEAD WITH SHOT GUN**

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **No**

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) **Suicide**

(b) Date of occurrence **about JAN 30- 1943**

(c) Where did injury occur? **New Madrid New Madrid, Mo**  
(City or town) (County) (State)

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

While at work? **No** (Specify type of place) (e) Means of injury **GUN SHOT IN HEAD**

23. Signature **Geo. Helguth Dept. Coroner**

Address **New Madrid, Mo** Date signed **2/1-43**

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

RECEIVED  
District Health Office No. 2,  
District File Number 243-372  
Date Filed 3-8-43

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**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.....

not embalmed, Registered Apprentice No. ....  
working under my personal supervision.

Signed Leo Hedgicott  
Licensed Embalmer No. 3803

P. O. Address.....

**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.**