

S. No. 2
 UM-542
 5-17-39
 I X 2775

31892

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

D OCT 13 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 181

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (c) Name of hospital or institution:
 316 So. Fulton St.
 (d) Length of stay: In hospital or institution. 1
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 649
 Carthage
 (c) City or town Carthage
 (d) Street No. 316 So. Fulton St.
 (e) Citizen of foreign country? No
 If yes, name country

3. (a) PRINT FULL NAME Rebecca Ann Trimble

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

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Andrew Trimble
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 21 1854
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	2	27	hr. min.

9. Birthplace St. Joseph Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business none

12. Name James Plank

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

14. Maiden name unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant J. A. Trimble

(b) Address Carthage, Mo.

17. (a) Burial Hackney Cemetery
 (b) Date thereof 9/21/43
 (c) Place: burial or cremation

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri

19. (a) Sept 20 1943 (b) Elizabeth Conplun
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
 year 1943 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1943 to Sept 17 1943
 that I last saw her alive on Sept 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Facility
 Chronic Myocardial Degeneration
 Due to
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: 93d
 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?
 While at work? (Specify type of place)
 Means of injury
 23. Signature P. A. Webster (M. D. or other)
 Address Carthage Date signed 9-20-43

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

19
 1
 3

1205

(Licensed Embalmer's Statement on Reverse Side)

43-9-838

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..... *Emma R. Stuell*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage 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.