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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41242

FILED JAN 13 1945

Registration District No. 112 Primary Registration District No. 3021 Registrar's No. 349

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
403 E. 16th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 403 E. 16th
(If rural, give location)

(e) Citizen of foreign country? ~~(Yes or~~ No)
If yes, name country D

3. (a) PRINT FULL NAME PATRICIA ANN WILFORD

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb (Month) 18 (Day) 1942 (Year)

8. AGE: Years 2 Months 10 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Raymond Wilford
13. Birthplace Galt (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Chloe Snapp
15. Birthplace Mercer Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Raymond Wilford
(b) Address 403 E 16th Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Berry Cemetery

18. (a) Signature of funeral director D K Payne & Son
(b) Address Galt Mo

19. (a) 12-30-44 (Date received local registrar) (b) L S Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 10, 1944, to Dec 29, 1944; that I last saw her alive on Dec 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalitis Lethargica (not Epidemic)	19 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 37C	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. Duffy (M. D. or other)
Address Trenton Mo Date signed Dec 30 1944

1330 (Licensed Embalmer's Statement on Reverse Side)

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 P.K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.