. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DR. JUDD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24762

FILED JUL 16 1945

Registration District No. 71 Primary Registration District No. 5997 Registrar's No. 40

1. PLACE OF DEATH:

(a) County PUTNAM Wilson Twp

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

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 15 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town LEMONS (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HARRY OSCAR TRENT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAUDE

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

7. Birth date of deceased FEBRUARY (Month) 8 (Day) 1879 (Year)

8. AGE: Years 66 Months 3 Days 27 If less than one day hr. min.

9. Birthplace SCHUYLER CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOESPH TRENT
13. Birthplace DON'T KNOW (City, town, or county) IOWA (State or foreign country)

MOTHER
14. Maiden name MARY JANE BURRIS
15. Birthplace DON'T KNOW (City, town, or county) IOWA (State or foreign country)

16. (a) Informant Irene Edwards

(b) Address LEMONS, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 7-45 (Month) (Day) (Year)

(c) Place: burial or cremation LEMONS CEMETERY

18. (a) Signature of funeral director Comstock Funeral Home

(b) Address UNIONVILLE MO. By John N. Comstock

19. (a) 7/2/45 (Date received local registrar) (b) [signature] (Registrar's signature)

1099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5 year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 3, 1945, to June 5, 1945 that I last saw him alive on June 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	10 Minutes
Due to Arteriosclerosis	10 Years
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. L. Judd (M. D. or other) D.O.

Address Unionville, MO Date signed 6-6-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1119
Date Filed JUL 13 1945

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.