

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26964**  
Registrar's No. **20**

**FILED SEP 13 1945**  
Registration District No. **747**

Primary Registration District No. **5145 40620**

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

**1. PLACE OF DEATH:**

(a) County **CALDWELL**  
 (b) City or town **BRECKENRIDGE**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**At home**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **3**  
years, months or days

**3. (a) PRINT FULL NAME** **LUCENIA TRUMBO**  
**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** **widow**  
**6. (b) Name of husband or wife** **Andrew H Trumbo**  
**6. (c) Age of husband or wife if** **6** **18.80**  
alive \_\_\_\_\_ years  
**7. Birth date of deceased.** **MAY 6 1880**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>65</b>	<b>3</b>		hr. _____ min.

**9. Birthplace.** **Chula MO**  
(City, town, or county) (State or foreign country)

**10. Usual occupation.** **H. Keeper**

**11. Industry or business.**

**12. Name.** **Ben Hurst**  
**13. Birthplace.** **Chula MO**  
(City, town, or county) (State or foreign country)  
**14. Maiden name.** **Agnes Hurst**  
**15. Birthplace.** **Chula MO**  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** **Vernon Trumbo**  
**(b) Address.** **Breckenridge MO**

**17. (a) Burial** **(b) Date thereof** **Aug. 8 - 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial** **Chula MO**  
**18. (a) Signature of funeral director.** **T. F. McJick**  
**(b) Address.** **Breckenridge MO**

**19. (a) Sep 8 - 45** **(b) E. A. Thompson**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **CALDWELL**  
 (c) City or town **BRECKENRIDGE 13**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **AUG** day **6**  
 year **1945** hour **9** minute **20 P.** M.

**21. I hereby certify that I attended the deceased from** **June 1 - 1945**  
 to **Aug 6 - 1945**  
 that I last saw her alive on **Aug 5 - 1945**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphatic leukemia**  
**unknown**  
 Due to **unknown**

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

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

**PHYSICIAN**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **740**

**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** **Constance** (M. D. or other) **D**  
**Address** **Chillicothe MO** Date signed **8/31/45**

1151

JAN 7 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.....

*T. M. Peck*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*T. M. Peck*

Licensed Embalmer No. *1530*

P. O. Address.....

*T. M. Peck*

**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.