

No. 2
-1-4-41
-1-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

6610

FILED MAR 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 252

Primary Registration District No. 4381

Registrar's No. 11

1. PLACE OF DEATH: Nodaway

(a) County _____

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

(c) Name of hospital or institution: 1
(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 Nodaway 74

(c) City or town Hopkins 6
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Ernest Traster

3. (b) If veteran, name war _____

3. (c) Social Security No. 707-09-6416

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1946 hour 6 minute 05 P. M.

4. Sex Male / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude Traster 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: May 8 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/11 to 2/11 1946
that I last saw him alive on 2/11 and that death occurred on the date and hour stated above. 1946

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion 3hr

Due to _____

Due to _____

9. Birthplace Hopkins Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business Pave Produce and Feed

12. Name William Traster

13. Birthplace Madison County Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Frances Cox

15. Birthplace Nodaway County Mo. 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Frederick Traster

(b) Address Hopkins, Mo.

17. (a) Burial (b) Date thereof Feb. 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 2-26-46 (b) Stanley Swanson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Stanley Swanson (M. D. or other) MD
Address Hopkins Date signed 2/14/46

230 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

MAR 19 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAY 15 1946

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.

myself

Signed

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.