

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED

MAR 27 1946

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural, Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Biehle, R.I.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Joseph Hugo Trapp
(b) If veteran _____ (c) Social Security No. None

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

6. (b) Name of husband or wife Frances Nennemann 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 24, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ignatius Trapp

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

14. Maiden name Mary Scholtz

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

16. (a) Informant Edmund Amoschler

(b) Address Biehle, Mo. R.I.

17. (a) Burial (b) Date thereof 2-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Schmuglach, Mo.

18. (a) Signature of funeral director Ray Samuel Home

(b) Address Perryville, Mo.

19. (a) Feb 16 1946 (b) Joseph Trapp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Biehle, R.I.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 th
year 1946 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1st, 1940, to Feb 16, 1946

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chorea
Thyroiditis

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 O. J. Miller (M. D. or other)

Address Perryville, Mo. Date signed 3/10

RECEIVED

District Health Officer No. 4
District File Number 346-1891
Date Filed 3-25-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.