

FILED MAY 7 1946

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1215 Mores Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 6 Years
(Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Mores Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANK LEONARD TRENT

3. (b) If veteran, name war None
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 Arvilla Bertran Trent
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 - 30 - 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 1
If less than one day hr. min.

9. Birthplace Edina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of Roller Skating Rink

11. Industry or business

12. Name Isaac Edward Trent Trent

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

14. Maiden name Louisa Caroline Husted

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

16. (a) Informant Mrs. Frank L. Trent

(b) Address 1215 Mores Blvd., Columbia, Mo.

17. (a) Removal (b) Date thereof 5-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Ill.

18. (a) Signature of funeral director Barrett Funeral Service
Columbia, Mo.

(b) Address

19. (a) 5-1-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 24, 1945, to 1946,
that I last saw him alive on 4-30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Murder
Due to Carcinoma of Kidney with metastases
Due to

Other conditions (Include pregnancy within 9 months of death)

Major findings: Of operations

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Frank E. Decker (M. D. or other) MD
Address Columbia, Mo. Date signed 5-7-46

Duration (??)
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

19627

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 5-4-46

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

M. S. Whiteides

Licensed Embalmer No.

3893

P. O. Address

Columbia 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.