

S. No. 2  
M-543  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

16886

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2377

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: 2700 Tracy, Conv. Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether  
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X 14

(c) City or town Fulton, 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 2  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or/No) 1  
If yes, name country X

3. (a) PRINT FULL NAME John Thomas Trimble

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1946 hour 7:30 minute 8. M.

21. I hereby certify that I attended the deceased from Apr 18 1946, to May 28 1946  
that I last saw him alive on May 25 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Margaret H. Trimble

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

7. Birth date of deceased March 9 1861  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>85</u> | <u>2</u> | <u>19</u> | hr. min.             |

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 93.2

Of operations .....

Of autopsy .....

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

10. Usual occupation Retired

11. Industry or business X

12. Name Samuel A. Trimble

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

14. Maiden name Marjorie West

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

16. (a) Informant J. O. Gill

(b) Address 7224 Jarboe, Kansas City, Mo.

17. (a) removal (b) Date thereof 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-28-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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) .....

Means of injury .....

23. Signature O. D. Paulsell (M. D. or other) 0

Address 636 Wagon Wheel Date signed 5/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

15768

*Boyd*  
*Boyd*

Dr. C. D. Centrell

*C. D. Centrell*

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**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.**