

7. S. No. 2
00M-5-43
rev. 5-17-39

22808

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

FILED JUL 29 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 846

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2935 Seneca St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether

In this community 7 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2935 Seneca St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillie Malinda Trapp

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 22
year 1946 hour 9 minute 30 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Moses 6. (c) Age of husband or wife if alive Dead years 11, 1872 (Year)

7. Birth date of deceased March (Month) 11 (Day) 1872 (Year)

21. I hereby certify that I attended the deceased from June 12, 1946 to July 22, 1946
that I last saw her alive on July 21, 1946, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration 10 days

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

Due to _____

Due to _____

10. Usual occupation Housekeeper

11. Industry or business Home

Other conditions (Include pregnancy within 3 months of death)

Major findings: (fsw)

12. Name Walter Mattocks

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

14. Maiden name "

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

Of operations _____

Of autopsy _____

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

16. (a) Informant Merle Trapp (Son)

(b) Address 2935 Seneca St.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 7/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oskaloosa, Kansas

(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? _____

18. (a) Signature of funeral director [Signature]

(b) Address 6054 Pryor Ave., City

19. (a) July 26, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.R. Elliott (M. D. or other) [Signature]
Address 811 E. Duane, St. Joseph, Mo. Date signed 7/23/46

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

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