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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29649

State File No.

FILED SEP 30 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1060

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

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community Lifetime

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. 927 W. Hyde Park
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILMOT H. TRAIL
3. (b) If veteran, name war World War # 2
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 Violet
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May (Month) 25, (Day) 1904 (Year)

8. AGE: Years 42 Months 3 Days 25 If less than one day hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Drover
11. Industry or business First St. Joseph Stock Yards Co.
FATHER
12. Name Charles Trail
13. Birthplace Nebraska City, Neb. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Daisy Dowdy
15. Birthplace Hamburg, Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Violet Trail (wife)
(b) Address 927 W. Hyde Park.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) Sept. 24, 1946 (Date received local registrar) (b) H. Neuhauser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20, year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 14 1946 to Sept 20 1946 and that I last saw him alive on Sept 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy refused

Duration

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Louis G. Neuhoff M.D. (M. D. or other)
Address 825 Charles Street Date signed Sept 23 1946

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1946

NOV 27 1946

NOV 7 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.

Signed John E. Rufe

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.