

No. 2
M-5-43
5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4608

FILED FEB 24 1947

5476

Registrar's No.

Registration District No. 13
Primary Registration District No.

1. PLACE OF DEATH

(a) County Grundy

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

(c) Name of hospital or institution: R. 7 D # 1, TRENTON, MO /
(If not in hospital or institution, write street number or location)

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

In this community 76 years years, months or days

3. (a) PRINT FULL NAME ARVILLA J. TRUMP

3. (b) If veteran, name war _____ 3. (c) Social Security No. NEW E

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MARTIN TRUMP

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

7. Birth date of deceased Oct 1, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Grundy County MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JAMES MACK

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

14. Maiden name ALPHA LAWRENCE

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

16. (a) Informant Glady's Trump

(b) Address R. 7 D # 1, TRENTON, MO

17. (a) BURIAL (b) Date thereof FEB. 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Green, Ind. Co.

18. (a) Signature of funeral director Raymond A. Damm

(b) Address Trenton Mo.

19. (a) 2-18-47 (b) Frene Jarr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Grundy

(c) City or town RURAL LINCOLN TWP.
(If outside city or town limits, write "RURAL")

(d) Street No. R. 7 D # 1, TRENTON, MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 15 year 1947 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 1946 to Feb 15 1947; that I last saw her alive on Feb 18 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Duration Several months

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 46 f

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature W. H. Culler (M. D. or other) _____

Address Trenton Mo Date signed 2-17-47

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2-21-47

FEB 25 1947

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.....

Walter E. Meyer, Registered Apprentice No. *458*
working under my personal supervision.

Signed *Raymond Davis*
Licensed Embalmer No. *3424*
P. O. Address *Denton, 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.