S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41955
Registrar's No. 5340

Registration District No. 149 Primary Registration District No. 1002

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

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~~: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 3 days (Specify whether
In this community 46 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2 8
(If outside city or town limits, write "RURAL") 0
(d) Street No. 504 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John EUGENE Trapp
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. ELLA TRAPP
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased OCTOBER (Month) 12 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	2	7	hr. min.

9. Birthplace OSKALOOSA (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation CONTRACTOR
11. Industry or business PAINTER + DECORATOR
FATHER
12. Name JOB TRAPP
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name JANE ELIZABETH DAVIS
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS. ELLA TRAPP
(b) Address 1119 EAST 8TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-19-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ OSKALOOSA, KANSAS
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1947 hour 12 minute 19 A. M.
21. I hereby certify that I attended the deceased from Dec. 16, 1947, to Dec. 19, 1947
that I last saw him alive on Dec. 19, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of prostate with metastases	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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PHYSICIAN
Underline the cause of 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 0
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Johnson

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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address N.C. 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.