

FILED FEB 3 1948
200

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44477

State File No. _____

Registration District No. _____

Primary Registration District No. 592-530A

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SHOS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo 2 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3734 Prospect
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS TRUM

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Trum 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 9 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 25 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Oderfeld 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Richard Trum

(b) Address 3734 Prospect, Kans. City, Mo

17. (a) Burial (b) Date thereof 12/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Munice Cem. Leav. Kas.

18. (a) Signature of funeral director Albert H. Kunkel

(b) Address an address on
19. (a) 11/2/48 (b) W. M. McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1947 hour 4:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 4, 1947 to Dec 6, 1947
that I last saw her alive on Dec 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death, Myocardial degeneration
Due to ARTERIOSCLEROSIS

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 937
Of autopsy _____

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 2
23. Signature Russell J. Lynch, D.O. (M. D. or other)
Address Macon Mo. Date signed 12-6-47

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

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

1
3
2

RECEIVED
District Health Officer No. 1
District File Number 148-177
Date Filed JAN 29 1948

OCT 3 1952

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.....

Thomas L. Balf

Registered Apprentice No. 37

working under my personal supervision.

Signed *Albert Skinner*

Licensed Embalmer No. 751

P. O. Address *Macon 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.