

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 17 1948 3

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5916

State File No.

20315

Registrar's No.

33

1. PLACE OF DEATH

(a) County **Perry**
 (b) City or town **Longtown Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **68-3-14** (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAME**Barbara Trapp**3. (b) If veteran,
name war _____3. (c) Social Security No.
None4. Sex **Female** 5. Color or
race **White**6. (a) Single, widowed, married,
divorced **Married**6. (b) Name of husband or wife
Ignatius Trapp6. (c) Age of husband or wife if
alive **76** years7. Birth date of deceased **January 24 1880**
(Month) (Day) (Year)8. AGE: Years **68** Months **3** Days **14**
If less than one day
hr. min.9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **House Wife**

11. Industry or business

12. Name **Anton Ponder**13. Birthplace **Dont Know**14. Maiden name **Louisa Leible** (State or foreign country)15. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)16. (a) Informant **Walter Trapp**(b) Address **Perryville Mo.**17. (a) **Burial** (b) Date thereof **5-11-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Apple Creek Mo.**18. (a) Signature of funeral director **Young & Sons**(b) Address **Perryville Mo.**19. (a) **5-11-48** (b) **Joseph Zeller**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1948** hour **3** minutes **45** P. M.21. I hereby certify that I attended the deceased from **April 1948**
to **May 8 1948**
that I last saw her alive on **May 8 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death

**Isobae
Pneumonia
Cardiac failure**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause of
which death
should be
charged statisti-
cally.

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 **P. J. Miller** (M. D. or other) _____Address **Perryville Mo.** Date signed **5/11/48**

RECEIVED

District Health Officer No. 4
District File Number 648-76
Date Filed 6-16-78

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.