No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1948

Registration District No. 130

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30078

Primary Registration District No. 5572

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1602 1/2 West Lexington
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Allison Trask

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Minnie TRASK

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December (Month) 13 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Dayton (City, town, or county) Ohio (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name Charles Trask
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Catherine Gilmore
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs Minnie Trask
(b) Address 1602 1/2 W. Lexington Ind. Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN CEMETERY

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri

19. (a) SEPT. 23, 1948 (Date received local registrar) (b) Donald C. Eamshaw (Registrar's signature) 57X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22 year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9-16-48, 19 to 9-22-48, 19; that I last saw him alive on 9-22-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration Minutes,

Due to Coronary heart disease — Months

Due to

Other conditions (Include pregnancy within 3 months of death) R. hydrocoele — yrs.

Major findings:
Of operations
Of autopsy 94W

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 Frank C. Treharne, M.D. (M.D. or other)

Address R# 4 Independence Missouri Date signed 9-23-48

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1949

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.