N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36203
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 506
(b) Township Baker — Primary Registration District No. 5671 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 642 Charles U. Truelson
(a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Sophia Johannah
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1843
7. AGE: YEARS 94 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen Denmark

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Rudolph Truelson
18. BURIAL, CREMATION, OR REMOVAL — Mission Cemetery — DATE Oct 9, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Larson Funeral Service Buckling, Mo.
20. FILED Oct 8, 1938 Gertrude Williams, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1938, to 10/7, 1938
I last saw him alive on 10/1/, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
Other contributory causes of importance: Senility
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) H. C. Gryer M. D.
(Address) Buckling, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.