Dr. Shyric.

REC'D MAY 18 1939

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

15726
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 3 1 Registration District No. 653
(b) Township Concord Primary Registration District No. 5865 Registered No. 29
or
(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 620 John Truce
(a) Residence, No. Hayti Mo R#1 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-1879
7. AGE YEARS 59 MONTHS 5 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER
13. NAME George Truce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Trummer Nuce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Harry Truce Hayti Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 4-13-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. S. Smith Caruthersville Mo.
20. FILED 4-13 1939 J. W. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-1939
22. I HEREBY CERTIFY, That I attended deceased from 4-9-1939, to 4-13-1939
I last saw him alive on 4-12-1939. Death is said to have occurred on the date stated above, at 5.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Cervical and upper Thoracic vertebra	4-9-39

Other contributory causes of importance: 212

Name of operation Date of
What test confirmed diagnosis? S & S Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-9-1939
Where did injury occur? On dirt road 5 miles north of Hayti, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Accident - fell out of
Nature of injury wagon - Breaking neck.
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify He was driving home in this wagon.
(Signed) A. S. Shirey, M. D.
(Address) Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 3,
District File Number 39-816
Date Filed 3-9-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.