

MAY 13 1940

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 106

1. PLACE OF DEATH:

(a) County CALHAWAY

(b) City or town FULTON

(c) Name of hospital or institution: CALHAWAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME INFANT 630

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased APR 8 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>4</u>	hr. _____ min.

9. Birthplace FULTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER

12. Name KERRITT TRUITT

13. Birthplace KIRKSVILLE MO
(City, town, or county) (State or foreign country)

14. Maiden name VERMA DAVIDSON

15. Birthplace CALHAWAY CO. MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kerritt Truitt

(b) Address Rt. 6 FULTON, MO.

17. (a) BURIAL (b) Date thereof APR. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. CARMEL

18. (a) Signature of funeral director Glen Y. Mangins

(b) Address 700 Cant Fulton, Mo.

19. (a) Apr 12, 1940 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CALHAWAY

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

(d) Street No. CALHAWAY CO. RURAL
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 13:00 minutes _____ M.

21. I hereby certify that I attended the deceased from Apr. 8, 1940, to Apr 11, 1940
that I last saw him alive on Apr. 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Prematurity

(Born Apr 8, 1940)

Due to _____

Duration	_____
_____	_____

Other conditions 54
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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? _____

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23. Signature John J. Brown (M. D. or other) _____

Address Fulton, Mo Date signed 4/12

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.

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 comply with the above constitutes grounds for revocation of license.)

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