. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36013

Registration District No. 668 Primary Registration District No. 3033 Registrar's No. ~~337~~ 328

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: 1002 So.Mass.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 3 Weeks years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Cook

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

(d) Street No. 640 Wrightwood
(If rural, give location)

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

3. (a) PRINT FULL NAME Richard Gerald Truitt

3. (b) If veteran, name war ..... 3. (c) Social Security No. 322-10-7181

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

7. Birth date of deceased Feb. 16,1910 (Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation SupplyClerk 0

11. Industry or business Hotel 0

FATHER
12. Name Francis M.Truitt
13. Birthplace New London (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Willey
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant F.M.Truitt
(b) Address Sedalia,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.14/40 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia,Mo.

19. (a) Oct 14, 1940 (Date received local registrar) (b) Mrs. Henry Sneed (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 11
year 1940 hour 12 minute 10 P M.

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

Immediate cause of death Coronary occlusion — Duration 5 hours

Due to Do not know

Due to

Other conditions none 94 B
(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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none

23. Signature Chas. [illegible] (M. D. or other)
Address Sedalia Mo. Date signed Oct 14 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

**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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, above space should be left blank.**