

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1-118 Primary Registration District No. 4369 Registrar's No. _____

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

I. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Burlington Jct.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 miles south west.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 8 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Burlington Jct.
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 mi. S. West.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11
year 1941 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from April 10, 1941, to April 11, 1941;
that I last saw him alive on April 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration 1 week

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 511A
While at work? _____ (Specify type of place) _____
(e) Means of injury 2
23. Signature L. E. Wallace (M. D. or other) M.D.
Address Burlington Jct. Mo. Date signed 4/13/41

3. (a) PRINT FULL NAME SAMUEL TRUEBLOOD
No middle name

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Lucile Trueblood 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct. 6, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 5 If less than one day _____ min.

9. Birthplace Chapman Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Steven Trueblood
13. Birthplace Nodaway Co. Mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Raney
15. Birthplace Rosendale Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucile Trueblood
(b) Address Burlington Jct. Mo.

17. (a) Burial (b) Date thereof Apr. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director John W. Price
(b) Address Marysville Mo.

19. (a) April 14, 1941 (b) J. P. Hoon by H.S.S.
(Date received local registrar) (Registrar's signature)

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

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.