

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14238

State File No. _____

Registrar's No. _____

Registration District No. 169Primary Registration District No. 4099

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town Dalton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME ORVAL L. TRUCKER3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Orval Trucker 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 4 1939
 (Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days _____ If less than one day _____ hr. _____ min.9. Birthplace Dalton Mo
(City, town, or county) (State or foreign country)10. Usual occupation Boy

11. Industry or business _____

MOTHER FATHER
 12. Name Orval Trucker
 13. Birthplace Dalton Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Orval Trucker
 15. Birthplace Dalton Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Orval Trucker(b) Address Dalton17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dalton18. (a) Signature of funeral director Hyder Samell(b) Address K. E. Samell and19. (a) Apr. 6 - 1941 (b) Harry B. Fetscher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21
 (c) City or town Dalton 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1941 hour 7 minute 40 M.21. I hereby certify that I attended the deceased from March 30, 1941, to April 4, 1941;
that I last saw him alive on April 3, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Broncho-pneumonia Duration 3 days

Due to _____

Due to 107Other conditions _____
(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 _____
 (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?

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature William T. Hyatt (M. D. or other) 0
Address Dalton Mo Date signed 4-6-41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 3

X21492

Date Filed 5-13-41
District File Number
MORTUARY OFFICER NO. 8

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.