

S. No. 2
4-1-41
y. 5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31991

State File No. _____

FILLED OCT 24 1941
Registration District No. 387

Primary Registration District No. 3703

Registrar's No. _____

1. PLACE OF DEATH:

(a) County MAGON
(b) City or town BEVIER "RURAL"
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MAGON
(c) City or town BEVIER "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. SOUTH EAST OF BEVIER
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME ROY TRUITT
3. (b) If veteran, name war: — 3. (c) Social Security No. 548-22-6953

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife: ROBA TRUITT 6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: JANUARY 1, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 15 hr. min.

9. Birthplace NEAR GLEFORD MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation COAL MINER

11. Industry or business MINING

MOTHER FATHER {
12. Name EZRA TRUITT
13. Birthplace MAGON COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name SARAH NELSON
15. Birthplace MAGON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Claude Truitt
(b) Address Bevier, Missouri

17. (a) BURIAL (b) Date thereof 9-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Sign: burial or cremation MT. OLIVE CEMETARY

18. (a) Signature of funeral director J. F. Turner
(b) Address Bevier, Mo.

19. (a) Sept 20 - 1941 Edna Simpson
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1941 hour 9 minute — M.
21. I hereby certify that I attended the deceased from Sept. 13
1941 to Sept. 13 1941;
that I last saw him alive on Sept. 13 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydronephrosis Duration 1 year

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 52a

Major findings:
Of operations _____
Of autopsy _____
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?

While at work (Specify type of place) _____ (e) Means of injury _____
23. Signature J. F. Turner (M. D. or other) _____
Address Magon, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1895

Date Filed OCT 17 1941

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.....

H. E. Colman

Licensed Embalmer No. 1961

P. O. Address Bowie 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, fact should be so stated above.