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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35881

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 195

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly St.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1400 Henry St. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: Fifteen years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph 8
(c) City or town: Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 Henry St. 3
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CHARLES VERNON TRUBY

3. (b) If veteran, name war: No

3. (c) Social Security No. 486-16-3612

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Leota Truby

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Oct. (Month) 11 (Day) 1902 (Year)

8. AGE: Years 38 Months 11 Days 11 If less than one day hr. min.

9. Birthplace: Danforth (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Labor

11. Industry or business:

FATHER
12. Name: Charles Truby
13. Birthplace: Platte Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Virginia Lewis
15. Birthplace: Randolph Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. C. A. Truby
(b) Address: 1400 Henry St. Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 25-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery Moberly,

18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Mo.

19. (a) Sept 25-41 (Date received local registrar) (b) Leola Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22th year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Gunshot wound (32-20 pistol) into heart
Shot by policeman Jerry Maze in self defense in line of duty
Due to:
Due to: Death instant. Shot at Truby home

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 166
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): Homicide
(b) Date of occurrence: 9-22-41 7:30 pm
(c) Where did injury occur? Moberly Randolph Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury: Corone

23. Signature: H C Griffith (M. D.)
Address: Moberly, Mo Date signed 9/24/41

925

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1941

RECEIVED
District Health Officer No. 10
District File Number 10-41-1940
Date Filed OCT. 24 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 R. M. Cater, Registered Apprentice No. ..... working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.