

S. No. 2
M-5-42
5-17-39
PI X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24563

State File No. _____

Registrar's No. 233

Registration District No. 47

Primary Registration District No. 3138

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Millersburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Millersburg
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ERNEST Z. TRUITT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Frances Truitt 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 26 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thomas Burkley Truitt

13. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Italy Baker

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Truitt

(b) Address R. F. D. #5 Millersburg, Mo.

17. (a) Burial (b) Date thereof 7/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersburg, Mo.

18. (a) Signature of funeral director Les E. Wallace

(b) Address Fulton, Missouri.

19. (a) 7-27-1943 (b) Joan Morrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 10 minute a.m.

21. I hereby certify that I attended the deceased from July 1941 to July 25 1943
that I last saw him alive on July 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Insufficiency?

Due to apoplexy 2 yrs

Due to _____
Other conditions Thrombotic epilepsy 1 week
(Include pregnancy within 3 months of death)

Major findings: 95C3
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) no
(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) (c) Means of injury _____

23. Signature Fulton (M. D. or other) _____
Address _____ Date signed Mo.

7-26/43

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

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,
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert E White*
Licensed Embalmer No..... *4168*
P. O. Address..... *Fulton, 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.