

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 132

FILED SEP 10 1943

Registration District No. 23

Primary Registration District No. 5655-

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 546 days
(Specify whether
In this community 546 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Witt 100
(c) City or town Williams
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vallie True

3. (b) If veteran. name war no 3. (c) Social Security No. 497-07-4914

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 15 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 16 hr. _____ min.

9. Birthplace Williamson County, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Richard Sumner True

13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Maudy Smith

15. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Record Clerk
(b) Address No State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof July 31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada mo.

18. (a) Signature of funeral director Ray F. Jones
(b) Address 300 W. Cherry St. Nevada Mo.

19. (a) 7/31/43 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1943 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from January 31 1942, to July 30 1943
that I last saw him alive on July 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy not done

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. B. Stokes (M. D. or other)
Address Mt. Vernon, Mo. Date signed 7/31/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 943-993

Date Filed SEP 9 1943

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 Mack A. Braswell

Licensed Embalmer No. 2829

P. O. Address Nevada 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.