S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30630

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 322

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton (If outside city or town limits, write "RURAL")
(d) Street No. 317 W. Ninth (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Judge Truly, Jr.
3. (b) If veteran name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Sing.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 24 (Day) 1943 (Year)

8. AGE: Years 1 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Judge Truly Sr.
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lenora Woodley
15. Birthplace Fulton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Judge Truly Sr.
(b) Address 317 W. 9th Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sr. Side Cem Fulton, Mo.
18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo.
19. (a) 9-28-1944 (Date received local registrar) (b) Jos. Morsenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1944 hour 11 minute 28 A M.
21. I hereby certify that I attended the deceased from 9/18, 1944, to 9/26, 1944; that I last saw him alive on 9/26, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Bronchopneumonia following appendectomy for acute appendicitis on 9/18/44	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ac. appendix
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Henry Durst (M. D. or other) M.D.
Address Fulton, Mo. Date signed 9/28/44

1147 (Licensed Embalmer's Statement on Reverse Side)

OCT 9 1944

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 Eli Bell

Licensed Embalmer No. 2130

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.