No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1945

Dr. A. J. Martin 20862

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 218 — Primary Registration District No. 435 — Registrar's No. 19

1. PLACE OF DEATH:
(a) County: MISSISSIPPI
(b) City or town: EAST PRAIRIE (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 years, months or days) In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MISSISSIPPI
(c) City or town: EAST PRAIRIE (If outside city or town limits, write "RURAL")
(d) Street No.: Route #1 Rural (If rural, give location)
(e) Citizen of foreign country? / (Yes or No) If yes, name country _____

3. (a) PRINT FULL NAME: CLAUDE JEFFERSON TRUE
3. (b) If veteran, name war _____
3. (c) Social Security No.: None
4. Sex: MALE
5. Color or race: WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~
6. (b) Name of husband or wife: MINNIE FUGATE TRUE
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: JULY (Month) 27 (Day) 1873 (Year)

8. AGE: Years 71 | Months 8 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace: FULTON COUNTY (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business _____

FATHER
12. Name: JAMES A. TRUE
13. Birthplace: MASON COUNTY (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name: FORLINE WILLIAMS
15. Birthplace: VIRGINIA (City, town, or county) _____ (State or foreign country)

16. (a) Informant: ALBERT TRUE
(b) Address: LEACHVILLE ARK.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: APR 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: CHARLESTON MO.
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo.
19. (a) 5-19-45 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7th year 1945 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb. 15 1945 to April 7 1945 that I last saw him alive on March 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration

Due to: Cerebral Hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: A. J. Martin (M. D. or other)
Address: East Prairie Date signed _____ MO

1271 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 745-889
Date Filed 7-6-65

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.