

No. 2
8-43
5-17-39
X37823

FILED AUG 18 1945
Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon

(c) Name of hospital or institution: Samaritan Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 7 hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon ⁶¹

(c) City or town Macon ³
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) ²

(e) Citizen of foreign country? No (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Charles B Truitt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 8
year 1945 hour 12:45 minute 0 M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 25 - 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 7, 1945 to July 8, 1945
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>4</u>	<u>13</u>	_____ hr. _____ min.

Immediate cause of death Revolver (gunshot) wound
7 Trau

Due to _____

Due to _____

Duration Thru

9. Birthplace Waverlyville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Druggist

11. Industry or business _____

12. Name Johnson B Truitt

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

14. Maiden name Elanor Hamlin

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

16. (a) Informant Mrs Gertrude Kessel

(b) Address Cresco Iowa

17. (a) burial (b) Date thereof July 10, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

18. (a) Signature of funeral director Edw S Keum

(b) Address Macon

19. (a) 8/3/45 (b) Jean B Trunkler
(Date received by local registrar) (Registrar's signature)

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) Suicide

(b) Date of occurrence July 7-1945

(c) Where did injury occur? Macon MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)

(c) Means of injury Revolver

23. Signature [Signature]
Address Macon MO Date signed 7/24/45

RECEIVED

District Health Officer No. 10

District File Number 8-45-1222

Date Filed AUG 16 1945

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 *Albert Skinner*.....

Licensed Embalmer No. 751.....

P. O. Address *Macon 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.