

No. 2
-12-45
5-17-39
I X47070

State File No. _____

FILED OCT 17 1946

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 62 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary K. Truitt

3. (b) If veteran, name war No. _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Henry C. Truitt

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept 29 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 5

If less than one day _____ hr. _____ min.

9. Birthplace Buffalo N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Martin Fox

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

14. Maiden name Esther Schmidt

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

16. (a) Informant Charles H. Truitt

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 10-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Shambert & Powell

(b) Address Kirksville, Mo.

19. (a) 10-9-46 (b) W. A. Shambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1946 hour 3:10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1 October 1946 to 4 October 1946
that I last saw her alive on October 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Myocardial failure

Due to Pneumonia

Other conditions: Nephritis chronic

Major findings: _____

Of operations _____

Of autopsy _____

Duration 8 hrs

1 wk

sev yrs

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature George E. Shambert (M. D. or other) MD

Address Kirksville, Missouri Date signed 10-5-46

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-1915
Date Filed OCT 15 1915

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 W. C. Summers
Licensed Embalmer No. 2159
P. O. Address Richville, 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: