

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14160**

Registration District No. **199**

Primary Registration District No. **4313**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Mason**

(b) City or town **Elmer**  
(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 \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Mason**

(c) City or town **Elmer Mo**  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Ella Truitt**

3. (b) If veteran, name war \_\_\_\_\_ 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 **George D. Truitt** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 6 1855**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>91</b>	<b>7</b>	<b>11</b>	_____ hr. _____ min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name **Charles Griffin**

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

14. Maiden name **Nancy Richardson**

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

16. (a) Informant **Nannie Wilkerson**

(b) Address **Elsinere Celf**

17. (a) **Burial** (b) Date thereof **April 19 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmer**

18. (a) Signature of funeral director **H. N. McCallister**

(b) Address **South Gifford**

19. (a) **May 5, 1947** (b) **Daphne Howerton**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **17**  
year **1947** hour **3** minute **23** P.M.

21. I hereby certify that I attended the deceased from **April 11, 1947** to **April 17, 1947** that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **GBA**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature **H. D. Lohr** (M. D. or other) **2**

Address **Elmer Mo** Date signed **4/17/47**

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

RECEIVED  
District Health Officer No. 1  
District File Number 5-47-818  
Date Filed MAY 12 1947

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. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.**