S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41066

Registration District No. 49 — Primary Registration District No. 5772 — Registrar's No. 366

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Rural, Shamrock
(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 —
In this community Fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery 70
(c) City or town Wellsville 2
(If outside city or town limits, write "RURAL")
(d) Street No. — — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME HUGH SMITH TRUE

3. (b) If veteran, name war — —
3. (c) Social Security No. —

4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife — —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 15 (Day) 1873 (Year)

8. AGE: Years 73 Months 11 Days 26 If less than one day hr. 1 min.

9. Birthplace Georgetown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General Farm Work

FATHER
12. Name John True
13. Birthplace Georgetown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sophia Durham
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Yalma Gregoire
(b) Address 1396 Blackstone Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Reedsville Mo
18. (a) Signature of funeral director C. C. Kuhne
(b) Address Wellsville Mo
19. (a) Oct 14 1947 (Date received local registrar) (b) Josie Mowinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 11 day year 1947 hour [illegible] minute dead M.
21. I hereby certify that I attended the deceased from [illegible] 19 to 19 ; that I last saw h alive on [illegible] 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Had suffered with bad heart for some time but had not been treated by a physician
Due to Probably a Coronary occlusion
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) 2
While at work? (e) Means of injury 2

23. Signature W. P. Garrett Coroner (M. D. or other)
Address Fulton Mo Date signed 10/11/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/31/47

HUGH SMITH TRUE

33844

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 C C Kuhne

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.