

S. No. 2
M-543
5-17-39
X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19070

Registration District No. 3107

Primary Registration District No. 3019

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
906 N Jackson
(If not in hospital or institution, write street number or location)

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

In this community 5 YRS. 5 Mo.
years, months or days

3. (a) PRINT FULL NAME Ruth Truett

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lee Truett 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 22 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	hr.	min.
<u>52</u>	<u>6</u>	<u>4</u>		

9. Birthplace Shubata Miss
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Jeff Sims

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

14. Maiden name Eliza McCledon

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

16. (a) Informant Lee Truett

(b) Address 906 N Jackson, Kennett Mo

17. (a) BURIAL (b) Date thereof 6-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lentz Und Co

(b) Address Kennett Mo

19. (a) 6-18-48 (b) Earl Thasburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

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

(d) Street No. 906 N. Jackson
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18
year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5am to 7am
June 18th 1948 to _____ 19____;

that I last saw her alive on June 18th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 9 hrs.

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Quinton Tarver (M. D. _____)

Address Kennett Mo Date signed 6.18.48

NOV 4 1948

RECEIVED

District Health Office No.

District File Number 648-

Date Filed 6-30-

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 *Walter A Hawkins*

Licensed Embalmer No. *2002*

P. O. Address *Ken nell 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.