

FILED JUL 15 1948

State File No.

Registration District No. 359

Primary Registration District No. 6270

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Arceadia, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
N Harrison Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community seventy two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Arceadia, Kans (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME MARY V. TRUSKETT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lon Truskett 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 10 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 10 hr. min.

9. Birthplace Vernon County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Carl Truskett

(b) Address Liberal - Mo

17. (a) Burial (b) Date thereof 4 24 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland cemetery

18. (a) Signature of funeral director A. S. Moonen

(b) Address Arceadia, Kansas

19. (a) July 9 1948 (b) M. S. Ruth Faith
(Date received local registrar) (Registrar's signature) 320

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 7 minute AM

21. I hereby certify that I attended the deceased from MAR 3 1945 to APRIL 20 1948
that I last saw him alive on April 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure Duration 2 days

Due to Acute Coronary Thromboses 1 day

Due to Senility

Other conditions Cerebral Thrombosis 1 day
(Include pregnancy within 3 months of death)

Kyphosis dorsal spine & ulcers on legs.
Findings: healed varicose
Of operations: g/y
Of autopsy: g/y

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 2

23. Signature M. H. Kuefner (M.D. or other) DO.

Address Liberal, Mo. Date signed July 6

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-48-788

Date Filed 7-13-48

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

A. J. Mooneyhan

Licensed Embalmer No. 3614

P. O. Address

Acadia, Tenn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.