

No. 2
4-13-40
5-17-39
FEB 25 1941

JAN 25 1941

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1002 S. Massachusetts
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Daisy 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 Married

6. (b) Name of husband or wife Francis Milton Truitt

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 18 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Wiley

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

14. Maiden name Kendall

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

16. (a) Informant F. M. Truitt

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 1/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) Jan 5, 41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1002 S. Massachusetts 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-5, 1941, to 1-5, 1941;
that I last saw her alive on 1-5-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion and embolism

Due to chronic coronary arteriosclerosis

Other conditions 44 in
(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? 9060

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

23. Signature Parlan S. Sneed (M. D. or other) 9060
Address Sedalia Mo Date signed 1-6-41

JAN 9

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-41

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Seebria Mt.

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.