

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6868

State File No. \_\_\_\_\_

Registration District No. 181

Primary Registration District No. 4292

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Elsberry  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Thomas Francis Truitt

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

4. Sex Male 5. Color or face White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Truitt 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased July 1 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Machinist

11. Industry or business Rail Road

MOTHER FATHER  
12. Name Marion Truitt  
13. Birthplace Rolls C. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Therine Stinson  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Margaret Truitt

(b) Address Elsberry Mo

17. (a) Burial (b) Date thereof 1-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Cem.

18. (a) Signature of funeral director Cliff Miller

(b) Address Elsberry Mo  
19. (a) Feb 5-43 (b) B. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln  
(c) City or town Elsberry  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19  
year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 4, 1937, to Jan 19, 1943  
that I last saw him alive on Jan 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertension

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

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

Major findings: \_\_\_\_\_  
Of operations § 30!  
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? \_\_\_\_\_

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

23. Signature W. H. Callaway (M. D. or other) DD.  
Address Elsberry Mo Date signed 1-20-43

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**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.....

*Jan 19-1943*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Clifton Miller*.....

Licensed Embalmer No. *3364*.....

P. O. Address *Elsham, 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, above space should be left blank.**