

Registration District No.

Primary Registration District No.

2054

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 North 9th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community Life time (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 219 North 9th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH THOMAS TRUE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mary Ellen True 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 21 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 4 23 hr. min.

9. Birthplace Louisiana M.O. O
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John M. True
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Archer
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret True

(b) Address Louisiana M.O.

17. (a) Burial (b) Date thereof July 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana M.O.

18. (a) Signature of funeral director Barner & Stenel

(b) Address Louisiana M.O.

19. (a) 7/16/43 (b) Gettysburg
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan. 17 1942 to July 14 1943;
that I last saw him alive on July 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: None
Of operations _____

Of autopsy None

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 None

(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 _____? (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Louisiana M.O. Date signed _____

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

MOTHER FATHER

AUG 6 1943

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 J. B. Stone.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana, 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.