

RECEIVED SEP 16 1946

Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County... COLE

(b) City or town... JEFFERSON CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 1 DAY
(Specify whether years, months or days)

3. (a) PRINT FULL NAME... INFANT TRUMAN

3. (b) If veteran, name war... NONE

3. (c) Social Security No... NONE

4. Sex... MALE

5. Color or race... WHITE

6. (a) Single, widowed, married, divorced... SINGLE

6. (b) Name of husband or wife...

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

7. Birth date of deceased... AUGUST 31, 1946.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

9. Birthplace... CENTERTOWN, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation... AT HOME

11. Industry or business

12. Name... ELLIOT TRUMAN

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

14. Maiden name... DOROTHY MELLER

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

16. (a) Informant... ELLIOT TRUMAN

(b) Address... CENTERTOWN, MISSOURI.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof... 9/2/46
(Month) (Day) (Year)

(c) Place: burial or cremation... st. martins, mo.

18. (a) Signature of funeral director... Sylvester...
(b) Address... JEFFERSON CITY, MISSOURI.

19. (a) 9-4-46 (Date received local registrar)

(b) R. P. Harris M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... COLE 26

(c) City or town... CENTERTOWN 0
(If outside city or town limits, write "RURAL")

(d) Street No... 0
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... SEPTEMBER Day... 1
year... 1946 hour... 9 minute... 55 P.M.

21. I hereby certify that I attended the deceased from 3 Sept 1946 to Sept 11 1946
that I last saw him alive on 9/11/46 and that death occurred on the date and hour stated above.

Immediate cause of death... Prematurity (6 mo.)

Due to...

Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations... 59
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) Means of injury

23. Signature... (M. D. or other) 9/4/46
Address... Date signed 9/4/46

RECEIVED

District Health Officer No. 91

District File Number 9-46-95

Date Filed 6-9-45

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.....

No Embalming, Registered Apprentice No.....
working under my personal supervision.

Signed..... Sylvester Duller

Licensed Embalmer No. 4321

P. O. Address..... Jefferson City, 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.