S. No. 2
DM—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41357

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 417

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 819a Church
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 819a Church 4
(If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Thomas B. Truitt

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March (Month) 5 (Day) 1881 (Year)

8. AGE: Years 65 Months 9 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Saverton (City, town, or county) MO (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ____

FATHER
12. Name Kermit Truitt
13. Birthplace ____ (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Margaret Scott
15. Birthplace ____ (City, town, or county) Ky (State or foreign country)

16. (a) Informant Edward Truitt
(b) Address 902 Center St. Hannibal MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cem
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO
19. (a) 12-31-46 (Date received local registrar) (b) Dr E. M. Locke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1946 hour ____ minute 12 35 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Dec 23, 1946 that I last saw him alive on Dec 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	10 min
Due to Myocarditis	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93E
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other)
Address Hannibal MO Date signed Dec-28-46

184 (Licensed Embalmer's Statement on Reverse Side)

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 H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.