S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1947

Se-also 41066-47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33844

State File No.

Registration District No. 47

Primary Registration District No. 5772

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: — — 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 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway 14

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

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME HUGH SMITH TRUE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M S

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 15 (Day) 1873 (Year)

8. AGE: Years 73 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Georgetown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm Work

FATHER
12. Name John B True
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sophia Durham
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Valma Gregoire
(b) Address 1396 Blackstone Av.

17. (a) Burial Louis (Burial, cremation, or removal) (b) Date thereof Oct 14 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Reedsville Mo

18. (a) Signature of funeral director C. C. Kuhne
(b) Address Wellsville Mo

19. (a) Oct 14 1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Was found dead in Bed day year hour Oct 17 1947 minute M.

21. I hereby certify that I attended the deceased from several hours when found 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Deceased was known to have had a very weak heart

Due to Probably a Cardiac

Due to Insufficiency

Other conditions
(Include pregnancy within 6 months of death)
No physician attending

Major findings
Of operations

Of autopsy 950

Duration

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 1947

(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 3

23. Signature Mrs Garrett, Coroner (M. D. or other)

Address Fulton Mo Date signed 10-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-24-42

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 C. C. Kuhne

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.