

Dr. Taylor

WED JUL 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22479
Do not use this space.

1. PLACE OF DEATH *2*
 (a) County Pemiscot Registration District No. 633 ✓
 (b) Township 0 Primary Registration District No. 4792
 (c) City Steele, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Will Crutcher *632*
 (a) Residence, No. Holland, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olillian Crutcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D. K.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 42

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmhand
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.
 13. NAME Joe Crutcher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER 15. MAIDEN NAME Gibbs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT Richard Phillips
 (ADDRESS) Memphis, Tenn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Grove Cem DATE June 24 1940

19. FUNERAL DIRECTOR (NAME) German Undt. Co.
 (ADDRESS) Steele Mo.

20. FILED 7/2 1940 E. L. Taylor Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1940

22. I HEREBY CERTIFY, That I attended deceased from Dead 1940 on Arrival 1940.
 I last saw alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
Head Injury (Fractured Skull & Contusions of Brain) due to being struck by Train
 Date of onset 6-23-40

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6-23, 1940
 Where did injury occur? Steele, Mo.
 (Specify city of town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Railroad Track

Manner of injury Struck by Train
 Nature of injury Head Injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) E. L. Taylor, M. D.
 (Address) Steele, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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

(Licensed Embalmer's Statement on Reverse Side)

7-41-15
207 W

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22479**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **653-**

Primary Registration District No. **4392**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Permeant
 (b) City or town St. Louis
(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 Will Crutcher

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

4. Sex m **5. Color or race** col

6. (b) Name of husband or wife _____ **6. (c) Age of husband, or wife, if alive** _____ year

7. Birth date of deceased. _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years abt 47 Months _____ Days _____ If less than one year _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { **12. Name** _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ **(b) Date thereof** _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ **(b)** _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(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? _____ years.

DEATH CERTIFICATION

20. DATE OF DEATH Month June day 23 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased Dead on arrival that was seen alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Head Injury fractured skull
Concussion of brain due to being struck by train
 Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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) Accident

(b) Date of occurrence June 23, 1940

(c) Where did injury occur? Steele Remiscat M.O. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Railroad Train)

While at work? No **(e) Means of injury** Pedestrian

23. Signature E. L. Taylor (M. D. or other)

Address Steele Date signed _____

SUPPLEMENTAL

