

STANDARD CERTIFICATE OF DEATH

State File No. **32333**

Registration District No. **423**

Primary Registration District No. **5578**

Registrar's No. **24**

FILED OCT 33 1940

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **Rural Rock**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Near Kimmurick Mo R #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** years, months or days **3**

8. (a) PRINT FULL NAME **ROBERT F. NAES**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **488-03-8563**

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 \_\_\_\_\_

7. Birth date of deceased **Dec. 14 - 1916**  
(Month) (Day) (Year)

8. AGE: Years **23** Months **9** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kimmurick Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Motor Steel Worker**

11. Industry or business \_\_\_\_\_

12. Name **August Naes**

18. Birthplace **Kimmurick Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Adelaide Rossmann**

15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **August Naes**

(b) Address **Kimmurick Mo R R #2**

17. (a) **Burial** (b) Date thereof **Sept 23 - 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Immaculate Conception Catholic Cemetery**

18. (a) Signature of funeral director **Heiligen Funeral Home**

(b) Address **Kimmurick Mo R R #2**

19. (a) **9-21-1940** (b) **Phil G. Park**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **18**  
year **1940** hour **6** minute **30** A.M.

21. I hereby certify that I attended the deceased from **by request on Sept. 18**, 19**40**  
that last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed head and skull**  
**Due to being hit by Frisco train at R.R. Crossing**  
**Deceased was driving car.**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **7062**  
Of autopsy **4, 5**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Sept. 18 - 1940**  
(c) Where did injury occur? **Imperial, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Railroad Crossing**  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature **Frank Frazier** (M.D. or other) **Coroner**  
Address **Festus, Mo.** Date signed **9/18/40**

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

MOTHER FATHER

**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 *Elmer A. Elitag*

Licensed Embalmer No. *3571*

P. O. Address *Kinnearick, Md*

**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.**