

FILED OCT 18 1940 STANDARD CERTIFICATE OF DEATH

State File No. **32033**

Registration District No. **589**

Primary Registration District No. **5787a**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County: **Montgomery**  
 (b) City or town: **Rural - Boonville**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**on Hi-way #40 - 1/2 mile West of High Hill**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **3**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (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.

3. (a) PRINT FULL NAME: **Un Identified**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: \_\_\_\_\_

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

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

8. AGE: Years Months Days If less than one day  
**about 55** hr. min.

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

10. Usual occupation: **4**

11. Industry or business: **1**

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: **Coroner**  
 (b) Address: **Montgomery City, Mo**

17. (a) **Burial** (b) Date thereof: **Sept. 22, 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: \_\_\_\_\_

18. (a) Signature of funeral director: \_\_\_\_\_  
 (b) Address: **Montgomery City, Mo**

19. (a) **Sept 22, 1940** (b) **W. Mayhew**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21<sup>st</sup>**  
 year **40** hour **7** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Sudden death**  
**Coroner's jury** 19\_\_  
 that I last saw him alive on \_\_\_\_\_, 19\_\_

and that death occurred on the date and hour stated above.  
 Immediate cause of death: **Fractured Skull, Cervical Vertebrae, and Ribs and Rt. Humerus**

Due to: **Being hit by transport truck on Hi-Way #40** 9/21/40  
**Brashear's of St. Louis, Mo**  
**while walking on Hi-Way #40**

Other conditions: \_\_\_\_\_ (include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): **Accident**  
 (b) Date of occurrence: **Sept. 21, 1940 7:00 P.**

(c) Where did injury occur? **High Hill, Montgomery, Mo**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on Hi-Way #40 - 1/2 West of High Hill**

While at work? **Walking** (Specify type of place) (e) Means of injury: **hit by truck**

23. Signature: **E. J. T. Anderson, M.D.** (M. D. or other) **M.D.**  
 Address: **Montgomery City, Mo** Date signed: **9/21/40**

**Coroner of Montgomery County**

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

2  
0-39  
39  
21492

~~whose~~ record

The ~~XXXXXX~~ un Identified man which is on oppsite of this page was  
was embalmed by me on the 21 st day of Sept 1940.



License # I487

Address Montgomery City Mo

SEP 21 1940

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