

No. 2
-1-4-41
5-17-39
X26396

SEP 13 1941

Registration District No. 780

Primary Registration District No. 6025

Registrar's No. 43

1. PLACE OF DEATH:

(e) County... St. Genevieve, Mo
(b) City or town... St. Genevieve, Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... St. Genevieve
(c) City or town... St. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. St. Genevieve Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED PROPER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Proper 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January 2 1906
(Month) (Day) (Year)

Immediate cause of death Accidental death
that was caused by a Chevrolet truck catching
on fire causing the
driver to lose control of same

8. AGE: Years 35 Months 6 Days 20
If less than one day _____ hr. _____ min.

Due to a pinning Fred Proper under
trunk where he worked to get

9. Birthplace River View, Mo
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation farmer

Major findings: Verdict of jury

11. Industry or business _____

12. Name Joe Felicitate
(This name given)

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

14. Maiden name Anna
(State or foreign country)

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Winford Douvo

(b) Address Coffman Mo

17. (a) Burial (b) Date thereof Aug 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Coffman Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence Aug 1-1941

(c) Where did injury occur? St. Genevieve Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway B
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Jerome Stanta
(b) Address St. Genevieve Mo

19. (a) Aug 7/41 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

23. Signature Jerome J. Stanta M.D. or other _____

Address St. Genevieve Mo Date signed 8/7/41

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

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, fact should be so stated above.