

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37387

FILED MAR 23 1942

Registrar's No. 16

Registration District No. 674

Primary Registration District No. 2816

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

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution:  
FIRISCO RAILWAY TRACKS  
(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: GREENE

(a) State MISSOURI (b) County NEWTON 39

(c) City or town SPRINGFIELD MO 2  
(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 1

3. (a) PRINT FULL NAME HERSCHELL NAPIER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 7  
year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 23 1896  
(Month) (Day) (Year)

Immediate cause of death Died from injuries received in head-on collision of railroad train

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 16 9-8 3:0

8. AGE: Years Months Days If less than one day

44 7 14 hr. min.

9. Birthplace Webster Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation RAILWAY FIREMAN

11. Industry or business.....

MOTHER FATHER { 12. Name Michael Napier

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

14. Maiden name No Record

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

Major findings: Of operations.....

Of autopsy not made

Underline the cause to which death should be charged statistically.

16. (a) Informant..... (b) Address.....

17. (a) REMOVAL (b) Date thereof Mch 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Springfield Mo

18. (a) Signature of funeral director J. R. ...  
(b) Address Newton Mo

19. (a) Mar 9 1942 (b) Ruby Norwood  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Mar 7 1942 073

(c) Where did injury occur? Springfield NEWTON MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Railroad  
(Specify type of place) (e) Means of injury 3

23. Signature J. R. ... (M. D. or other)  
Address Newton Mo Date signed 3/7/42

1149

MAR 20 1942  
RECEIVED

District Health Officer No. 6,  
District File Number 342-408

Date Filed MAR 20 1942

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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 Ogle Stone Jr.

Licensed Embalmer No. H176

P. O. Address Neosho 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.