

FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27723

Registration District No. 587

Primary Registration District No. 4347-5879-5787

State File No.

5808-4344

Registrar's No. 15

7000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County MONTGOMERY
(b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Hwy 19 1/4 MILE NORTH OF HERMANN BRIDGE
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community UNKNOWN years, months or days

3. (a) PRINT FULL NAME UNKNOWN
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced UNKNOWN
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

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

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

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Ray Means

(b) Address Jonesburg Missouri

17. (a) BURIAL (b) Date thereof AUG 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation JONESBURG MO

18. (a) Signature of funeral director Ray Means

(b) Address Jonesburg Missouri

19. (a) AUG 3 1942 (b) Clayton H. Thayer (Date of local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31st year 1942 hour 9 minute 30 P. M.

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

Immediate cause of death COMPOUND SKULL FRACTURE Duration 5 MIN.

Due to BEING STRUCK AND RUN OVER BY AN AUTOMOBILE

Due to _____

Other conditions: BROKEN RT LEG CUTS AND BRUISES ON BODY (Include pregnancy within 3 months of death)

Major findings: 1700-4
Of operations _____
Of autopsy NONE
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 070

(b) Date of occurrence JULY 31, 1942

(c) Where did injury occur? HWY 19 MONTGOMERY MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HWY 19 1/4 MILE NORTH OF HERMANN BRIDGE While at work? WALKING (Specify type of place) (e) Means of injury STRUCK BY CAR (AUTOMOBILE)

23. Signature Ray Means (M. D. or other) Clayton H. Thayer

Address Jonesburg, Mo Date signed AUG 2, 1942

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Lonesburg, Missouri

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.