

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 4

FILED JAN 21 1943

Registration District No. 154 Primary Registration District No. 5575

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

1. PLACE OF DEATH: JACKSON
 (a) County Route 1, JANSAS CITY
 (b) City or town K. Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 95th Holmes Beyer Park Co
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mos. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County JACKSON
 (c) City or town Route 1, JANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9214 Mc Gee St. (If rural, give location)
 (e) Citizen of foreign country? Never (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME STOUT-VIRGIL A.
 3. (b) If veteran, name war NO 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 4
 year 1943 hour 3:15 minute 6 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Hattie Street 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased June 15, 1891
 (Month) (Day) (Year)

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

8. AGE: Years 51 Months 6 Days 20 If less than one day _____ hr. _____ min.
 9. Birthplace Cedar County Mo
 (City, town, or county) (State or foreign country)

Immediate cause of death Crushing injury of the chest and abdomen. Duration _____
 Due to Crushed under a tractor
 Due to _____

10. Usual occupation Laborer
 11. Industry or business _____
 12. Name Ollo F. Stout
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Lidia K. Tamm
 15. Birthplace _____ (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 6 months of death) _____
 Major findings: Of operations _____
 Of autopsy see above

16. (a) Informant Calvin Stout Butler
 (b) Address 9214 Mc Gee R. C. Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Joseph Mo
 18. (a) Signature of funeral director [Signature]
 (b) Address _____
 19. (a) Jan 7-1943 (Date received by local registrar) [Signature] (Registrar's signature)
 Dr. Annie W. Hedger (Licensed Embalmer's Statement on Reverse Side)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 123
 (b) Date of occurrence 1/4/43
 (c) Where did injury occur? K. C. Mo. Jackson Co. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place (Specify type of place) Crushed under
 While at work? yes (e) Means of injury a tractor
 23. Signature [Signature] (M: D. or other) _____
 Address K. C. Mo Date signed _____

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 *F. Blumhoeft*
Licensed Embalmer No. *2806*

P. O. Address *6900 Trout*
R. C. 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.