S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14354

Registration District No. 999 — Primary Registration District No. 3056 — Registrar's No. 77

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Fred S Daiprai

3. (b) If veteran, name war .....

3. (c) Social Security No. 491-07-2435

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Oct 18th 1891 (Month) (Day) (Year)

8. AGE: Years 53 | Months 6 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Austria-Hungary (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Moberly Fuel Co

MOTHER FATHER

12. Name Ben Daiprai

13. Birthplace (City, town, or county) Austria-Hungary (State or foreign country)

14. Maiden name Ann Factor

15. Birthplace (City, town, or county) Austria-Hungary (State or foreign country)

16. (a) Informant Mrs. Mary Daiprai

(b) Address Higbee, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl. 24th 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Graham and Son

(b) Address Moberly, Mo

19. (a) 4-24-45 (Date received local registrar) (b) Irma Hare (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 20 day 20th year 1945 hour 2 minute 18 P.M.

21. I hereby certify that I attended the deceased from April 20, 1945, to April 20, 1945; that I last saw him alive on April 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed abdomen & pelvis — Duration 1 hour

Due to Rock accidentally falling on him in coal mine (while at work)

Due to .....

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

Major findings: Of operations ✓ Of autopsy ✓

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

(b) Date of occurrence April 20, 1945

(c) Where did injury occur? Near Higbee (City or town) Randolph (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Coal mine (Specify type of place)

While at work? Yes (e) Means of injury Rock fell

23. Signature R. D. Streeter (M. D. or other) M.D.

Address Moberly, Mo Date signed 4-21-45

1086 (Licensed Embalmer's Statement on Reverse Side)

MAY 7 1945

RECEIVED
District Health Officer No. 10
District File Number 5-45-802
Date Filed MAY 10 1945

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 Frank D. Dietz

Licensed Embalmer No. 3021

P. O. Address Moberly 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.