

FILED Jul 10 1946

Primary Registration District No. **5635**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Laclede**
(b) City or town **Phillipsburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Frisco Railroad tracks 3
(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 **Missouri** (b) County **Laclede 53**
(c) City or town **Lebanon** (If outside city or town limits, write "RURAL")
(d) Street No. **Route 2**
(If rural, give location) _____
(e) Citizen of foreign country? **No** (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **Phil Fitzroy Dismang**

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

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

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

7. Birth date of deceased **January 3 1935**
(Month) (Day) (Year)

8. AGE: Years **11** Months **5** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **Laclede County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Calvin Dismang**

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

14. Maiden name **Lyla Fay Pruitt**

15. Birthplace **Jewel Co. Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rolland Pruitt**

(b) Address **306 Pierce, Lebanon, Mo.**

17. (a) **burial** (b) Date thereof **6/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lowery Cemetery**

18. (a) Signature of funeral director **Palmers**

(b) Address **Lebanon, Mo.**

19. (a) **6-6-46** (b) **Ch. Frankenberg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
year **1946** hour **7** minute **30 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.

Immediate cause of death **Fractured skull**

Due to **Truck hit by railroad passenger train**

Due to _____

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

Major findings: Of operations **1700-8**

Of autopsy **23**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **accident 53**

(b) Date of occurrence **6-3-46**

(c) Where did injury occur? **Phillipsburg, Laclede, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Frisco Railroad track**

While at work? **no** (Specify type of place) (e) Means of injury **Train**

23. Signature **R. Palmer (Palmer)**

Address **Lebanon, Mo.** Date signed **6/4/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

122

Received 7-5-46

LaClede County Health Unit

File No. 6-46-85

Date Filed 7-8-46

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..... *W. A. Palmer*

Licensed Embalmer No. 1161

P. O. Address..... *Lebanon 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.