

No. 2  
M-8-43  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20856**

**FILED** JUL 10 1946

Registration District No. **170**

Primary Registration District No. **5635**

Registrar's No. **5824909**

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

**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 Rural **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 **0**  
(If rural, give location)

(e) Citizen of foreign country? No **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Calvin Dismang

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex M **0** 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	Months	Days	If less than one day
<u>11</u>	<u>5</u>	<u>-</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Calvin Dismang

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

14. Maiden name Lydia 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) Lowery Cem. (b) Date thereof 6/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowery Cemetery Palmers

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Lebanon, Mo.

19. (a) 6-6-46 (b) Ora Frankenburg  
(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 h\_\_\_\_\_ 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: 170e-4  
Of operations 23

Of autopsy \_\_\_\_\_

**Duration**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **53**

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

(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  
(Specify type of place)

While at work? no (e) Means of injury Hit by tr.

23. Signature D. Palmer  
Address Lebanon, Mo. Date signed 6/4/46

(Licensed Embalmer's Statement on Reverse Side)

Received ..... 7-5-46 .....

Laclede County Health Unit

File No. .... 6-46-84 .....

Date Filed ..... 7-8-46 .....

---

---

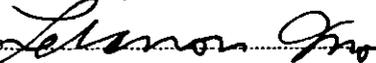
STATEMENT BY LICENSED EMBALMER

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.....  .....

Licensed Embalmer No. 1161 .....

P. O. Address.....  .....

**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.