

OCT 26 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33431

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 816
 (b) Township Chaffee Primary Registration District No. 4492
 (c) City Chaffee, Mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 512 1/2 Blomberg Ave ☐ Dubuque, Iowa
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Not known
 5A. IF MARRIED, WIDOWED, OR HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873
 7. AGE YEARS 65 MONTHS — DAYS — If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Not known
 9. Industry or business in which work was done, as saw mill, bank, etc. Not known
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) None

18. BURIAL, CREMATION, OR REMOVAL PLACE Dubuque Ia. DATE 10/6

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Biplinghoff - Hubbert
Chaffee, Mo.

20. FILED 10/4 1938 W. O. Finney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:52m.

The principal cause of death and related causes of importance were as follows:

Accidentally Killed by train with following injuries: Decapitated completely, Both lower limbs mangled and completely severed, Right arm completely severed.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 10/3 1938

Where did injury occur? Chaffee, Scott County, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Bullet
 Nature of injury Passenger train No. 7 above South Bound

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) John D. Nimmick Jr.

Charles W. Finney Local Registrar

RETURN TO BOARD OF HEALTH
FOR RECORD
JAN 1 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,

Mamie Bepling Hoff, or by ✓

Registered Apprentice No. 32 42, working under my personal supervision.

Signed

Mamie Bepling
32 42

Licensed Embalmer No. 32 42

P. O. Address Chaffee 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, above space should be left blank.