

Registration District No. 406

Primary Registration District No. 43 1/2

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper **3**
(b) City or town Carl Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Du Pont Powder Company
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

WILLIAM BRYAN HOUGH

3. (b) If veteran, name war

3. (c) Social Security No. 487-09-0724

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Hough 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased September 22 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Red Oak Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Powder Mixer

11. Industry or business Powder Plant

12. Name Freeman Hough

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Celia Holten

15. Birthplace Madison Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Hough

(b) Address 308 S. Cowgill St. Carl Junction Mo.

17. (a) Burial (b) Date thereof Nov. 9 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak Cemetery Lawrence Co.

18. (a) Signature of funeral director C. W. Bonney
(b) Address 107-106 N. Main Carl Junction Mo.

19. (a) Nov 8 1939 (b) Kroy & Grubb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction
(If outside city or town limits, write "RURAL")
(d) Street No. 308 S. Cowgill
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th
4 year 1939 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him dead alive on November 7- 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cyphaliation of a rimantle accident Duration
Body mangled down into fragments
Due to Cyphaliation of rimantle
at the Du Pont Powder Company
Due to Accidental explosion of rimantle
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none 1946
Of operations none 11
Of autopsy none

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 November 7-1939
(c) Where did injury occur? Near Carl Junction Jasper Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Plant
(Specify type of place)
While at work? Powder Co. (e) Means of injury Cyphaliation
950
23. Signature R. A. Winchester (M. D. or other)
Address Jasper Mo. Date signed 11-7-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.