DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28834

Registration District No. 417 Primary Registration District No. 5561.D. Registrar's No. 88

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

1. PLACE OF DEATH:
(a) County Jasper Joplin Mo
(b) City or town 5 miles east of Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ATLAS POWDER CO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 209 South Pine Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Leroy Crampton 651
3. (b) If veteran, name war
3. (c) Social Security No. 486058365
4. Sex Male
5. Color or race W.
6. (a) ~~Single, widowed~~, married, ~~divorced~~
6. (b) Name of husband or wife Mrs. Vera Crampton
6. (c) Age of ~~husband~~ or wife if alive 32 years
7. Birth date of deceased December (Month) 7, (Day) 1906 (Year)

8. AGE: Years 33 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Larner (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Employee Atlas Powder Co.
11. Industry or business Atlas Powder Co.

FATHER
12. Name William Crampton
13. Birthplace no data (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Marie Kinderman
15. Birthplace no data (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Vera Crampton
(b) Address Carterville, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Missouri
19. (a) AUG. 19 40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
year 1940 hour 8:20 minute A. M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him DEAD on August 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Powder Explosion
Body badly mangled
Due to Explosion at Atlas
Due to Powder Plant
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Investigation

Duration

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 August 16, 1940
(c) Where did injury occur Atlas Powder Co. (City or town) (County) Jasper, Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial (Specify type of place)
While at work? Yes (e) Means of injury Explosion
23. Signature A. H. Winchester (M. D. or other)
Address Joplin, Mo. Date signed 8/17/40

(Licensed Embalmer's Statement on Reverse Side)

40-9-336

OCT 13 1955

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 E. W. Hedges, Registered Apprentice No. ..... working under my personal supervision.

Signed E. W. Hedges

Licensed Embalmer No. 2859

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.