No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29280

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1811

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton ~~Township~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital()
(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 Kansas (b) County 999

(c) City or town Manhattan 14
(If outside city or town limits, write "RURAL")

(d) Street No. 730 Houston St. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME June Ozment

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

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced Single C

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

7. Birth date of deceased June (Month) 8 (Day) 1918 (Year)

8. AGE: Years 23 ~~22~~ Months 2 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Manhattan (City, town, or county) / Kansas (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business .....

FATHER
12. Name B. H. Ozment
13. Birthplace Carthage (City, town, or county) O Mo. (State or foreign country)

MOTHER
14. Maiden name Harriett MAHAR
15. Birthplace ..... (City, town, or county) / Colorado (State or foreign country)

16. (a) Informant Mr. B. H. Ozment
(b) Address 703 Huston, Manhattan, Kansas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Manhattan, Kansas.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) SEP - 2 1941 (Date received local registrar) (b) E. G. McGavran Jr. (Registrar's signature)
707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1941 hour 2:39 minute 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 While riding as a passenger in an auto that collided with another auto on a public highway.

Due to Multiple fractures of skull; lacerations of brain; subdural and subarachnoid hemorrhage

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

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 30, 1941
(c) Where did injury occur? St. Charles & Nat Bridge (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Louis H. Bopp Inc.
Address Kirkwood, Mo. 9/2/41 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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

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