

copied

FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31506  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293  
(b) Township Boles Primary Registration District No. 5416  
(c) City Labadie, Mo. or (d) Street No. 1 Registered No. 36  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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. Unidentified St.   
(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) 9

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓  
9. Industry or business in which work was done, as saw mill, bank, etc. ✓  
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

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT (ADDRESS) 11

18. BURIAL, CREMATION, OR REMOVAL PLACE County Cemetery 9-16-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. F. Altman  
Union, Missouri

20. FILED 9-16-41 Mary B. Cross  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 19 41

22. I HEREBY CERTIFY, That 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 11

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

Fall off of Rock Island freight train at Labadie, Missouri  
Date of onset

Other contributory causes of importance:

Fractured skull, neck, left scapula + chest  
Name of operation crushed chest  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), file in also the following: Accident, suicide, or homicide. Accident Date of injury 9-15 19 41

Where did injury occur? Labadie, Missouri  
(Specify city or town, county, and State)

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

Manner of injury Fell off train  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Cover

(Signed) Ernest P. Altman M. D.  
(Address) Labadie, Mo. 9-16-41

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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.....

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, above space should be left blank.**