No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38059

Registration District No. 159 Primary Registration District No. 4093 Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Strasburg Tenn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Railroad Crossing (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 22 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 51

(a) State Kansas (b) County Johnson

(c) City or town Stanley (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frances Egbert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kenneth Egbert

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Nov (Month) 3 (Day) 1917 (Year)

8. AGE: Years 24 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Kingsville (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Agnes Ruth Mote

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

14. Maiden name Frank L. Cochran

15. Birthplace Kingsville Mo (City, town, or county) (State or foreign country)

16. (a) Informant Operator

(b) Address Strasburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Strasburg Cemetery

18. (a) Signature of funeral director D. A. Nofsinger

(b) Address Pleasant Hill Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 14 year 1941 hour 1:39 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 Skull fracture, Internal injury, broken back & neck, chest crushed, right arm broken, left hand crushed

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Nov 14, 1941

(c) Where did injury occur? Strasburg (City or town) Cass (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)

While at work? (e) Means of injury Train Lit Car

23. Signature Ellensley M.S. (M. D. or other)

Address Harrisonville Date signed 11/16/41

(Licensed Embalmer's Statement on Reverse Side) Corner

## STATEMENT BY LICENSED EMBALMER

WE hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Dixon L. Kipley
4225
Independence, Mo.

Signed D. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill

**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.**