

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38932

State File No. _____

Registration District No. 5802

Primary Registration District No. 5802

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural - New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 N. Dakota (b) County _____
(c) City or town Genove
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 41 hour 5.30 minute _____ 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 hit truck called with another truck + he turned before they could get him out.

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.

3. (a) PRINT FULL NAME Thibault J. Oster

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased about 1911
(Month) (Day) (Year)

8. AGE: Years about 30 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Genove N. Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation truck driver

11. Industry or business _____

MOTHER FATHER { 12. Name unk
13. Birthplace unk (City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant L. N. Vachon

(b) Address New Madrid

17. (a) Burial (b) Date thereof Oct 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid - Evergreen

18. (a) Signature of funeral director L. N. Vachon

(b) Address New Madrid Mo

19. (a) 11-15-41 (b) Wm O'Bannon
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 19 1941
(c) Where did injury occur? 4 miles north New Madrid, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 61
While at work? yes (Specify type of place) (e) Means of injury 3
23. Signature L. N. Vachon (M. D. or other) Coover
Address New Madrid Date signed Oct 20 41

RECEIVED

District Health Office No. 2,

District File Number 1241-1590

Date Filed 12/1/41

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.