S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14946

Registration District No. 240 Primary Registration District No. 5826 Registrar's No. 70

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural La Fant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Conran
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Larry Carnack Call

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

4. Sex Male
5. Color or race W
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 Aug. (Month) 26 (Day) 1941 (Year)

8. AGE: Years 1 Months 9 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Conran (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business None

FATHER
12. Name Benni Call
13. Birthplace West (City, town, or county) Germ (State or foreign country)

MOTHER
14. Maiden name Merybill Carter
15. Birthplace Conran (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Benni Call
(b) Address Conran, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Mo.
18. (a) Signature of funeral director John C. Dean
(b) Address Portageville Mo.
19. (a) May 3-43 (Date received by local registrar) (b) Mrs. D. L. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour 10:40 minute a. 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 by a passenger train north bound at 10:40 a.m.
Due to Crushed head, body broken legs and arms
Due to .....
Other conditions (Include pregnancy within 3 months of death) 169.6
Major findings:
Of operations .....
Of autopsy No

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 April 10-1943
(c) Where did injury occur? New Madrid (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad 3 miles South of Conran (Specify type of place)
While at work? ✓ (e) Means of injury Crushed body
23. Signature Leo Hedgpeth Deputy Coroner (M. D. or other)
Address New Madrid Mo. Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 543-684
Date Filed 5-11-43

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 Noal C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, Missouri

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, fact should be so stated above.