

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27811

X32873

FILED SEP 4 1943

Registration District No. 28

Primary Registration District No. 5099

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Walnut Twp.
(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 La. (b) County _____
(c) City or town Shreveport La. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Douglas Gland

3. (b) If veteran, name war X 3. (c) Social Security No. 438-22-4718

4. Sex m 5. Color or race colored 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 18 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name unknown-no record

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

14. Maiden name Martha

15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant papers on person.

(b) Address burial

17. (a) (Burial, cremation, or removal) (b) Date thereof 7/31/43 (Month) (Day) (Year)

(c) Place: burial or cremation oakhill Cemetery

18. (a) Signature of funeral director Booths

(b) Address Butler Missouri

19. (a) Aug H (Data received from local registrar) (b) Mrs Ethel Gooden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture
~~multiple~~ Multiple fractures

Due to severance of right leg body badly mangled.
Due to run over by K.C.S. train #77

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 7/30/43

(c) Where did injury occur? near Tiger Sta., Bates Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kansas City Southern R.R.

While at work? _____ (Specify type of place) (e) Means of injury Coroner

23. Signature John G. Anderson (M. D. or other) Bates Co
Address Butler Missouri Date signed 7/31/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 8-43-878

Date Filed 9-3-43

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

John G. Henderson

Licensed Embalmer No. 3585

P. O. Address Bethesda Md

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.