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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2738

Registration District No. 113 Primary Registration District No. 4885 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town St. Clair
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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) Years.

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Mo (b) County Franklin 3 0

(c) City or town St. Clair
(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.? 0 years.

3. (a) PRINT FULL NAME John Cecil Doyle

3. (b) If veteran, name war no

3. (c) Social Security No. 490-14-7976

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 10 (Month) 21 (Day) 1899 (Year)

8. AGE: Years 44 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Franklin Co. Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation St. Louis Ship Parts

11. Industry or business Making Ship Parts

FATHER
12. Name Geo. Edward Doyle
13. Birthplace Franklin Co Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Mae West
15. Birthplace Franklin Co. Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant John Doyle Jr.
(b) Address St. Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 1944 (Year)
(c) Place: burial or cremation Stanton Cemetery

18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair Mo

19. (a) 1/24/1944 (Date received local registrar) (b) R. J. King Sr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1944 hour 10:55 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 Hit by Frisco Passenger Train No 4.

Due to Fractured neck, Skull

Due to Crushed chest & fractured right leg.

Other conditions (Include pregnancy within 3 months of death) 169-4

Major findings:
Of operations 20

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 036
(b) Date of occurrence January 22 1944
(c) Where did injury occur? St. Clair (City or town) Franklin (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad Right of Way (Specify type of place)
While at work? No (e) Means of injury Fractured neck

23. Signature Ernst L. Oltman (M. D. or other) Coroner
Address Gerald, Missouri Date signed 1-23-44

11-20

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1950

JUN 19 1950

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 Sherwood W Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo.

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.