V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1944

Registration District No. 160

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34560

Primary Registration District No. 3029

Registrar's No. 131

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Crystal City
(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 years, months or days)
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(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 ✓ 0

3. (a) PRINT FULL NAME Delbert J. Crain
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 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August (Month) 16 (Day) 1904 (Year)

8. AGE: Years 39 | Months 11 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Crystal City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Factory
11. Industry or business Pittsburgh Plate Glass Co.
MOTHER FATHER
12. Name James Crain 0
13. Birthplace Jefferson Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Frazine Coleman 0
15. Birthplace Washington Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hester Craig
(b) Address Crystal City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City, Mo.
18. (a) Signature of funeral director Gentry R. Pollitt
(b) Address Crystal City, Mo.
19. (a) Aug 4, 1944 (Date received local registrar) (b) Lilly Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1944 hour 11 minute 55 P. M.
21. I hereby certify that I ~~attended the deceased from~~ held an inquest on Aug 4, 1944, 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	Duration
by having been struck by the Frisco Railroad train	
Due to	
Due to 169-8	
Other conditions (Include pregnancy within 3 months of death) 30	
Major findings: Of operations	
Of autopsy	

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 0.50
(b) Date of occurrence August 2, 1944.
(c) Where did injury occur (Rural) Crystal City (City or town) Jeff (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Frisco railroad tracks. (Specify type of place)
While at work? no (e) Means of injury struck by train
23. Signature Norval W. Welch M.D. Coroner
Address Crystal City, Mo. 2 Date signed 8/4/44.

1359 (Licensed Embalmer's Statement on Reverse Side)

NOV 24 1944

RECEIVED
District Health Officer No. 9

District File Number

Date Filed 11-2-44

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 Gentry P. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.