

BUREAU OF THE CENSUS
FILED DEC 27 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 891

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Railroad crossing on North Weller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None 3
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Joe Traindl

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife. Unknown

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

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

UNK. ABT. 1878
(Day) (Year)

8. AGE: Years About 66 Months unk. Days unk.

If less than one day
hr. min.

9. Birthplace Unknown
(City, town, or county)

unk. ?
(State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown
(City, town, or county)

unk. ?
(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county)

unk. ?
(State or foreign country)

16. (a) Informant Coroner Murray C. Stone
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-15-44 (b) Dr. W. E. Haudry
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from no physician in attendance 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. Suicide by crushing
Duration

Due to Fall down on R.R. tracks

Due to

Other conditions (include pregnancy within 3 months of death)

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) Suicide

(b) Date of occurrence Dec. 6, 1944

(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
near railroad crossing on N. Weller

While at work? no (Specify type of place) (e) Means of injury Flight cars

23. Signature Murray C. Stone Coroner (M. D. or other)

Address Springfield, Mo Date signed 12-15-44

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

MOTHER FATHER

1000

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 Lewis G. Schopf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.