. No. 2
1—2-43
5-17-39
I X35697

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

30735

State File No.

FILED OCT 15 1945

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on arrival (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper 49
(c) City or town Carl Junction 3
(If outside city or town limits, write "RURAL")
(d) Street No. 508 S. Cowgill
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar Gene Crampton
3. (b) If veteran, name war
3. (c) Social Security No. 492-28-8181
4. Sex M. 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 Oct (Month) 23 (Day) 1929 (Year)

8. AGE: Years 15 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Carl Junction Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Claude V. Crampton
13. Birthplace Carl Junction Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Silvia Sears
15. Birthplace Lawton Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Claude V. Crampton
(b) Address Carl Junction, Mo.
17. (a) 9-12-45 (Burial) (b) Date thereof 9-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cem.
18. (a) Signature of funeral director Roney Huber Funeral Service
(b) Address Carl Junction Mo.
19. (a) 9-10-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1945 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Did not attend, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull Concussion of Brain — Skull Fracture
Due to Internal Bleeding
Due to
Other conditions (Include pregnancy within 3 months of death) Contusion Right Side
Major findings: Of operations No
Autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9-3-45
(c) Where did injury occur? Jasper County Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Auto
23. Signature H. C. Dazell M.D. (M.D. or other)
Address 2144 Joplin Date signed 9-9-45

(Licensed Embalmer's Statement on Reverse Side)

45-9-763

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 Cecil a Karnhill

Licensed Embalmer No. 5590

P. O. Address Joplin - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S: No. 2B
AM—2-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 061

Registration District No. 156 Primary Registration District No. 20

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Oscar G. Crampton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct (Month) 23 (Day) (Year)

8. AGE: Years 15 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 5 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Sept 5, 1945; that I last saw him alive on Sept 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of 1st Cervical

Due to: Basal Skull Fracture

Due to: Internal Bleeding

Other conditions (Include pregnancy within 3 months of death): Two Fractured Ribs Together

Major findings of operation:

Of autopsy: Confirmed Dx

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: Sept 5-1945

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury: Auto. Accident

23. Signature: D. W. Gertelt (M. D. or other) MD

Address: 214 Joplin Date signed 10/18/45

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

30735