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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17948

State File No. _____
Registrar's No. _____

Registration District No. 170 Primary Registration District No. 5630

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

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town RURAL LEDANN TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ON FRISCO RAILROAD RIGHT OF WAY 2 1/2 MILES LEDANN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days) PASSING THROUGH

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County STUBEN
(c) City or town ATLANTA
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN W. VAN AUKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 8
year 1947 hour 9 minute 45 P. 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.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
SKULL FRACTURE
BROKEN NECK
Due to CLIMBING OUT OF WINDOW OF TRAIN GOING 70 MI. P.H.R.
Due to _____

7. Birth date of deceased DEC 6 1863
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
83 5 2 hr. min.

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.

9. Birthplace COHOCTON NY
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER

11. Industry or business _____
12. Name JASON S. VAN AUKER
13. Birthplace AVOCA NY
(City, town, or county) (State or foreign country)
14. Maiden name ELENOR BEVERLY
15. Birthplace NY
(City, town, or county) (State or foreign country)

16. (a) Informant PAUL L. VAN AUKER
(b) Address DALLAS TEX
17. (a) REMOVAL (b) Date thereof MAY 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WAYLAND N.Y.
18. (a) Signature of funeral director PALMER S.
(b) Address LEDANN MO
19. (a) May 17, 1947 (b) Old Frankenburg
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) SUICIDE
(b) Date of occurrence MAY 8 1947
(c) Where did injury occur? W.E. LEDANN LACLEDE Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FRISCO RAILROAD RIGHT OF WAY
While at work? No (Specify type of place) (e) Means of injury FALL FROM TRAIN
23. Signature P. Palmer (Print name) (Date) 3
Address LEDANN Mo Date signed 5/17/47

Received 5/20/47
Laclede County Health Unit
File No. 5-47-85
Date Filed 5/21/47

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..... *R. A. Palmer*.....

Licensed Embalmer No. 1161.....

P. O. Address Salmon, 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.