

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 10 1948
Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 82

Primary Registration District No. 3012 5287

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
100 yards W. Y. Tavern 69 Hwy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community all this life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Mosby (If outside city or town limits, write "RURAL") 0

(d) Street No. Box 403 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME LEROY HAMPTON CRIPPEN

3. (b) If veteran, name war No

3. (c) Social Security No. 487-16-6269

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Alma May Crippen 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov 9 1904
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1948 hour 11:30 minute P, M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 7 Days 10 If less than one day hr. ____ min. ____

9. Birthplace: Richmond Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

Immediate cause of death Accident Unavoidable Duration _____
was struck by Automobile

Due to _____

Due to owner's cost

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name William Crippen

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

14. Maiden name Corra Williams

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

16. (a) Informant Basil Eugene Crippen

(b) Address Mosby Mo Box 403

17. (a) Burial (b) Date thereof June 22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ray County South Point of Virgil Hope

18. (a) Signature of funeral director _____

(b) Address Epelision Springs Mo

19. (a) 6/22/48 (b) Cardline Butcher
(Date received local registrar) (Registrar's signature)

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 Unavoidable

(b) Date of occurrence June 19th 1948 24

(c) Where did injury occur Hwy 69-1 mi. W. of Spgs, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Amal Public Place, Hwy 69
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. W. Prather (M. D. or other) _____
Address Epelision Springs, Mo Date signed 6-24-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7-9-48

JUL 12 1948

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 _____

James G. Moler

Licensed Embalmer No. _____

3226

P. O. Address _____

Ex. Springs 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.