

FILED SEP 1 1948

Registration District No. **2**

Primary Registration District No. **5179**

Registrar's No. **23**

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Camdenton Rural
(c) Name of hospital or institution: on Hwy 5 South of Camdenton 4 mi
(d) Length of stay: life
In this community life years, months or days

3. (a) PRINT FULL NAME Bettie Lou Crall
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race wht 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 6 years (Day) (Year) 1942
7. Birth date of deceased June 6 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 3 1 hr. min.

9. Birthplace Camden Co Mo N (City, town, or county) (State or foreign country)

10. Usual occupation none
11. Industry or business School

MOTHER FATHER
12. Name Walter Scott Crall
13. Birthplace Camden Co Mo N (City, town, or county) (State or foreign country)
14. Maiden name Elice May Arnold
15. Birthplace Camden Co Mo N (City, town, or county) (State or foreign country)

16. (a) Informant Walter Crall
(b) Address Camdenton Mo
17. (a) Burial (b) Date thereof Sept 9 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hugo Cemetery
18. (a) Signature of funeral director B. Quirkson - W. Coffey
(b) Address Camdenton Mo

19. (a) Sept 10 - 1948 A.M. (b) Zilpha J. Draw (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden 15
(c) City or town Camdenton Rural 0
(d) Street No. See deal 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from VIEWED Sept 7, 1948 to 19 that I last saw the deceased on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Crushed skull
Due to body
Due to being struck by moving truck
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 7 - 1948
(c) Where did injury occur? Camdenton, Camden Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Hwy 5 South of Camdenton 4 mi S of Camdenton Mo (Specify type of place)
While at work? none (e) Means of injury truck
23. Signature B. E. Woolery - Co. Coroner (M. D. or other) 3
Address Camdenton Mo Date signed Sept 10 - 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1063

Date Filed 9-13-48

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 Abbie Dawson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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

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