

FILED MAR 27 1946

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 87

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bonne Terre Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 min.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rolla Crepps

3. (b) If veteran, name war 2nd world war
 3. (c) Social Security No. 49-18-6431

4. Sex Male 5. Color or race white
 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 March 13 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 11 20 hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER { 12. Name Rolla M. Crepps

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

14. Maiden name Gladys Ramsom

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

16. (a) Informant Rolla M. Crepps

(b) Address Esther Mo.

17. (a) Burial (b) Date thereof 3 - 5 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Meo. Prk.

18. (a) Signature of funeral director C. Z. BOYER

(b) Address Desloge, Mo.

19. (a) 3/15/46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
 year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death unavoidable
automatically accident
(coroner jury verdict)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 94

(b) Date of occurrence March 3, 1946

(c) Where did injury occur? Desloge St. Francois, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway Mo. State Highway 467

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

23. Signature Bert J. Miller (M. D. or other) _____

Address Farmington, Mo. Date signed 3/15/46

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

RECEIVED

District Health Officer No. 4
District File Number 346-1884
Date Filed 3-23-46

JUN 20 1946

APR 1 1946

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..... C. J. Boyer

Licensed Embalmer No. 1671

P. O. Address Disloyal Md

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 87

Registration District No. 316 Primary Registration District No. 3059

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

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Bonne Terre
(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 _____)
In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME

Rella Crepps

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased march 13 (Month) (Day) (Year)

8. AGE: Years 24 Months _____ Days _____ If less than one day hr. _____ min. _____

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

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) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 3 year 1946 hour _____ minute _____ M.

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

Immediate cause of death Coronary artery disease Duration _____
unavailable as he died between an automobile and truck.

Due to _____
Due to _____

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

Major findings: Of operations _____ Of autopsy _____
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 March 3, 1946
(c) Where did injury occur? De Sloger, St. Francois, MO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place, State Highway # 67
While at work? NO (Specify type of place) (c) Means of injury Crushed skull

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 3/4/46

SUPPLEMENTARY

ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUEST

4465

JUN 20 1946

10553