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MOISS JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21355

State File No.

Registration District No. 816 130 Primary Registration District No. 6065 51741 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Cape Girardeau, Mo
(b) City or town Near Chaffee, Missouri
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community few days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bollinger
(c) City or town Leopold
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME HENRY CHRIS TRANKLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31st
year 1941 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from 5-31-41
1941 to 5-31-41, 1941
that I last saw him alive on 5-31-41, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: 12 - 19 - 1912
(Month) (Day) (Year)

Immediate cause of death Head injury
Skull crushed
Duration 30 minutes

8. AGE: Years Months Days If less than one day
25 5 _____ hr. _____ min.

Due to Mules pulling hay
leader became
excited and ran
away, striking him up
against the pulley and
Other conditions born
(Include pregnancy within 3 months of death)

9. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 175 P. 6
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name August Trankle
13. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Reden
15. Birthplace Bollinger Co. Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 5-31-41
(c) Where did injury occur? farm near Chaffee Co. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
8-13 farm

16. (a) Informant August Trankle
(b) Address Leopold, Mo.
17. (a) Burial (b) Date thereof 6-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leopold
18. (a) Signature of funeral director Boben Funeral Home
(b) Address Lutesville, Mo.
19. (a) June 1 1941 (b) W. B. DUBOIS
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place)
Mules ran away (c) Means of injury hay fork
23. Signature W. B. DUBOIS (M. D. or other) D
Address Chaffee Mo Date signed 6/1/41

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

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrellville, 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.