REC'D FEB 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1468
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH

(a) County Andrew — Registration District No. 15

(b) Township Platte — Primary Registration District No. B019e — Registered No. 1

(c) City ~~Rea~~ — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

620

2. PRINT FULL NAME Jasper N. Crouch

(a) Residence, No. Rea Mo. St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hettie A. Crouch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13-1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island City Mo. 6
MO. 9

FATHER

13. NAME James Crouch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known 9
Un Known 1

MOTHER

15. MAIDEN NAME Elzina Bailes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known
Un Known

17. INFORMANT (ADDRESS) Hettie A. Crouch
Rea Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE February 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. C. Breit
Savannah Mo.

20. FILED Jan 31, 1939 Mrs E C Jefferies Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Jan 30, 1939
I last saw him alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 3-20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sequem	
Cecum	

Other contributory causes of importance:

46

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Dr V. R. Wilson, M. D.
(Address) Rosendale mo

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(Licensed Embalmer's Statement on Reverse Side)

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, ...

E. C. Breit, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

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

If this body is not embalmed, above space should be left blank.