

DEPT MAR 13 1939

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

6506
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township..... Primary Registration District No. 2001 Registered No. 98
(c) City Springfield (d) Street No. Burge Hospital 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.

2. PRINT FULL NAME

William D. Crothers
(a) Residence, No. 1360 No. Jefferson St. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 5 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. retired
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) McCullah County Texas.

FATHER
13. NAME O. C. Crothers,
Indiana

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mollie McAnilly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas.

17. INFORMANT (ADDRESS) Mollie Crothers Duncan Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb. 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer Springfield, Missouri.

20. FILED Feb 5 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to Feb 2, 1939
I last saw him alive on Feb 2, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral Hemorrhage
Other contributory causes of importance:
Arterio Sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? obscure Where 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?
If so, specify.....
(Signed) W. A. Dezell, M. D.
(Address) Springfield, Mo

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.

I X16603

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 Loaker Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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, above space should be left blank.