

RECD APR 11 1939

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

Do not use this space.

682

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. 10126
Registered No. 284

2. FULL NAME

(a) Residence, No. 3325 College (If nonresident, give city or town and State)
(Usual place of abode) Kansas City, Mo.
Length of residence in city or town where death occurred 0 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1866
7. AGE YEARS 72 MONTHS 2 DAYS 23
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hanswift
9. Industry or business in which work was done, as silk mill, 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) South Bend Indiana

13. NAME George Crofoot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Rhescy Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Records of Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Kansas DATE 3-18 1939

19. UNDERTAKER (ADDRESS) Fleemont & Son Inc. 1946 Colham.

20. FILED 3/20 1939 H. G. Millbrook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to March 18 1939
I last saw him alive on March 18 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis 1939
Chronic Nephritis 1939

Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. C. Miller, M.D. M. D.
(Address) State Hospital #2 St. Joseph, 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 HEREBY CERTIFY THAT I EMBALMED THE BODY DESCRIBED ON THE OTHER
SIDE OF THIS SHEET.

John E. Rupp
LICENSED EMBALMED No. 2006
ST. JOSEPH, MISSOURI.