FILED FEB 12 1940

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

1722
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 57
(c) City St. Joseph, (d) Street No. Missouri Methodist 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. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 Willard W. Crouse,
(a) Residence, No. St. 2½ Mi. N.W. of Cainesville, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1922
7. AGE: YEARS 17 MONTHS 3 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student,
9. Industry or business in which work was done, as saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (month and year) January, 1940
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County, Missouri,

FATHER
13. NAME Calvin Crouse,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County, Missouri,

MOTHER
15. MAIDEN NAME Mae Hagan,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County, Missouri,

17. INFORMANT (ADDRESS) Miss Arlene Crouse Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Canesville, Mo. DATE Jan'y 20, 1940
19. FUNERAL DIRECTOR (NAME) Heaton - Beyerle & Bowman Funeral Home (ADDRESS) 319 S. 10th. Str.
20. FILED 1/22, 1940 H. J. Hettlebusch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 19th, 1940
22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1940, to 1-19-, 1940
I last saw him alive on 1-19-, 1940. Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis general appendicitis - with perforation. Date of onset 1-13-40

Other contributory causes of importance: 121

Name of operation None. Date of —
What test confirmed diagnosis? Clinical 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) Paul Forgrave, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, 1-19-40

, or by

Registered Apprentice No. , working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 317 So. 10 St. Joseph

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.