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M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7026

Registration District No.

Primary Registration District No. 5572

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Asbury (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Asbury (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John E. Crosby 621

3. (b) If veteran, name war Unknown

3. (c) Social Security No. No

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Matie Crosby

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	4	hr. min.

9. Birthplace No data (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business Farm

FATHER
12. Name Uriha H. Crosby
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Margaret Murray
15. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

16. (a) Informant Matie Crosby

(b) Address Asbury Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Corydon, Iowa

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City Mo.

19. (a) Mar. 11 (Date received local registrar) (b) Fern Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1940 hour one minute 50 A.M.

21. I hereby certify that I attended the deceased from January 1st, 1940, to March 10, 1940, that I last saw him alive on March 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

945

While at work? (e) Means of injury 3

23. Signature J. W. Henson (M. D. or other) 100

Address Asbury Mo Date signed 3/10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 340-858
Date Filed MAR 14 1940

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 E. H. Hedges, Registered Apprentice No. ....., working under my personal supervision.

Signed E. H. Hedges

Licensed Embalmer No. 2859

P. O. Address Webb City, 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.