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17-39
X23189

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 35 Years

3. (a) PRINT FULL NAME William H. Crutcher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah H. Crutcher 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 30 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

MOTHER FATHER { 12. Name Willis H. Crutcher

13. Birthplace No Data / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Workhiser

15. Birthplace No Data / Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Crutcher (son)

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 4/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Hedger Nelson

(b) Address Webb City, Missouri

19. (a) APR 8 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Alba 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 5 day 5 year 1941 hour _____ minute 40 M. Mar 28

21. I hereby certify that I attended the deceased from _____, 19____ to Apr 5 1941, 19____; that I last saw him alive on Apr 5, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to Several attacks of Influenza

Due to _____

Other conditions [Handwritten]
(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? _____

(e) Means of injury _____
(Specify type of place)

23. Signature [Handwritten] (M. D. or other) 0

Address Webb City, Mo Date signed Apr 8 1941

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

41-5-423

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.....

Licensed Embalmer No. *2859*

P. O. Address *St. Louis, 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, fact should be so stated above.