

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

Rev. 5-17-39
I X10511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **15514**

Registration District No. **684**

Primary Registration District No. **4405**

Registrar's No. **13**

1. PLACE OF DEATH: **Pike**
 (a) County **Pike**
 (b) City or town **Bowling Green**
 (c) Name of hospital or institution: **No**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **No**
 In this community **10 yrs.**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Pike**
 (c) City or town **Bowling Green**
 (d) Street No. **0**
 (e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Mary E. Crossman**
 (b) If veteran, **No** name war. (c) Social Security No. **Yes**

20. DATE OF DEATH: Month **April** day **20**, year **1941** hour **7:30** minute **A** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 (b) Name of husband or wife **James Crossman**
 (c) Age of husband or wife if alive **18 - 1858** years
 7. Birth date of deceased **Jan. 18 - 1858**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 1**, 1935, to **April 28**, 1941, that I last saw her alive on **April 1941**, and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **3** Days **10**
 If less than one day hr. min.

Immediate cause of death **Chronic interstitial nephritis**
 Due to **1210**

9. Birthplace **Clarksville Missouri**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **at home**

Other conditions **arterial hypertension**
 (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name **R. P. Jordan**
 13. Birthplace **Philadelphia Penn.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **E. C. Walker**
 15. Birthplace **Clarksville Mo.**
 (City, town, or county) (State or foreign country)

Major findings: **none**
 Of operations **none**
 Of autopsy **none**

16. (a) Informant's own signature **EDNA FELDUS**
 (b) Address **Bowling Green Mo**
 17. (a) **Burial** (b) Date thereof **Apr. 30 - 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bowling Green Cemetery**
 18. (a) Signature of funeral director **H. B. Elmore**
 (b) Address **Bowling Green**
 19. (a) **4-30-1941** (b) **H. B. Elmore**
 (Date received local registrar) (Registrar's signature)

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?
6/6 (Specify type of place) (e) Means of injury **---**
 23. Signature **J. B. ... M. D.** (M. D. or other) **---**
 Address **Bowling Green, Mo** Date signed **5/29/41**

Duration
 Physician
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-41-870

Date Filed MAY - 8 1941

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 James B. ...

Licensed Embalmer No. 2207

P. O. Address Burlington, Iowa

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.