

Dr. ~~W. H. H. H.~~ 18, 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 55

26
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4

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

1. PLACE OF DEATH:

(a) County Coles

(b) City or town Jefferson City, Mo.

(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
In this community 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Coles

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

(d) Street No. 1st Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Floyd Crossland

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-9588

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1942 hour 2 minute 90 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Blanche Crossland

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased July 30 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 12 1942 to Feb 24 1942 that I last saw him alive on Feb 24 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 5 Days 25 hr. min.

Immediate cause of death: Sepsis
Gangrene of Titans

9. Birthplace Deary County Mo.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation laborer

Other conditions (Include pregnancy within 8 months of death) 176-8

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Blanche Crossland
(b) Address Labool, Mo.

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

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

(b) Date of occurrence Feb 24

(c) Where did injury occur? Jefferson City, Coles Mo.
(City or town) (County) (State)

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

17. (a) Removal (b) Date thereof 2-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colfax, Mo.

(e) Means of injury fall

18. (a) Signature of funeral director _____

23. Signature E. H. Mangus (M. D. or other)

(b) Address Jefferson City, Mo.

19. (a) 2-25-42 (b) Norman Richter
(Date received local registrar) (Registrar's signature)

Address Jefferson City Date signed 2-25-42

MAR 16 1942

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..... *John P. Dulle*

Licensed Embalmer No. *3890*

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