

FILED MAY 14 1942

Registration District No. 130-

Primary Registration District No. 3010

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
Winkler Nursing Home  
(If not in hospital or institution, write street number or location)

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

In this community 70 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mamie E. Crouch

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 11  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 9  
1942 to Apr 11 - 1942

that I last saw her alive on Apr 11 - 1942  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive years

7. Birth date of deceased Dec 12 1870  
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia Duration 2 da

8. AGE: Years Months Days If less than one day

71 4 3 hr. min.

9. Birthplace Fall Branch Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nursing

11. Industry or business \_\_\_\_\_

12. Name Alvin J. Crouch

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

14. Maiden name Sarah A. Rody

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

16. (a) Informant Graves Crouch

(b) Address Bogard Mo.

17. (a) Burial (b) Date thereof 4-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Tenn

18. (a) Signature of general director [Signature]

(b) Address Carrollton Mo

19. (a) 4-13-42 (b) Mrs. James Rafferty  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) DG

Address Carrollton Mo Date signed 4-13-42

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

MOTHER FATHER

1083

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-13-42

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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.....

*Ben W Gibson*

Licensed Embalmer No. 2961

P. O. Address.....

*Carrollton, W.*

**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.**