

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14742

State File No. _____

FILED MAY 5 1942

Registration District No. _____

Primary Registration District No. 5627

Registrar's No. 16

1. PLACE OF DEATH: Lafayette

(a) County: Lafayette

(b) City or town: Rural Uni-a-bar Twp.

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community: 60 Yrs. (years, months or days)

3. (a) PRINT FULL NAME: Mary Loretta Crouch

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife: Wm. Crouch | 6. (c) Age of husband or wife if alive, years: 2, 1960 (Day) (Year)

7. Birth date of deceased: August 2, 1960 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	8	4	hr. min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: Eli McClure

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

14. Maiden name: Not known

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

16. (a) Informant: Mrs. M.L. Bell

(b) Address: Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 8, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Concord Cem, Bates Co., Mo.

18. (a) Signature of funeral director: L.C. Newman

(b) Address: Odessa, Mo.

19. (a) 4/8 (Date received local registrar) (b) Mrs. W.F. Baker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette

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

(d) Street No.: 4 miles SW of Odessa (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 4, day: 6, year: 1942, hour: 4, minute: 30, AM.

21. I hereby certify that I attended the deceased from 12/29, 1939, to 12-29-1941; that I last saw him alive on 2-18-1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Chronic, Myocarditis Chronic, Carcinoma of Stomach

Due to: _____

Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations: 50

Of autopsy: _____

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) _____

While at work? _____ (e) Means of injury: _____

23. Signature: _____ (M. D. or other) _____

Address: Odessa, Mo. Date signed: 4/8/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-4-42

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

Irving T. Kusman

Licensed Embalmer No. 7541

P. O. Address Olney, Md

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.