

S. No. 2
I-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29916

State File No.

FILED OCT 9 1942

Registration District No. 46

Primary Registration District No. 4065

Registrar's No. 11

13
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Polo
(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 Oral Lee Crouse

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

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Ave Marie Crouse 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 6 1907
(Month) (Day) (Year)

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

35 I 25 _____ hr. _____ min.

9. Birthplace Polo No.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Druggist)

11. Industry or business _____

12. Name Plez Crouse

13. Birthplace Caldwell No.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Alice Carr

15. Birthplace Caldwell No.
(City, town, or county) (State or foreign country)

16. (a) Informant Plez Crouse

(b) Address Polo, Mo.

17. (a) Burial (b) Date thereof 9 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zimmerman Cemetery

18. (a) Signature of funeral director Carmer Black

(b) Address Kingston, Missouri

19. (a) 9-7-42 (b) Mrs. Vivian Bridgwater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1942 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Aug-1 1942 to Sept 1st 1942 that I last saw him alive on Sept. 1st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 3 yrs.

Duration _____

Due to _____

Due to _____

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

13 1/2

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

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) (Country) (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 O. K. Kilbourn (M. D. _____)

Address Cowgill, Mo. Date signed 9/3/42

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address. Kingston, Missouri.

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.