

Registration District No. 34

Primary Registration District No. 4048

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Boone County
(b) City or town Rocheport
(c) Name of hospital or institution: Rocheport, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rocheport
(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 0

3. (a) PRINT FULL NAME Linnie L. Crosswhite

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Perry M. Crosswhite 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 1 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Morgan Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Taylor
13. Birthplace Morgan Co Mo (City, town, or county) (State or foreign country)
14. Maiden name MARY COWEN
15. Birthplace Morgan Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Perry M. Crosswhite
(b) Address Rocheport, Mo.

17. (a) Burial (b) Date thereof Oct 19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rocheport, Cem.

18. (a) Signature of funeral director L. J. Meister
(b) Address Boonville, Mo.

19. (a) Oct. 20-1942 (b) Mrs. Betty Crane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from March 9 - 1942 to Oct 5 - 1942
that I last saw him alive on Oct 5 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Throat Endocarditis

Due to 92d
Due to

Other conditions (Include pregnancy within 3 months of death)

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) (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) (z) Means of injury

23. Signature H. E. Ingell (M. D. or other) 0
Address Rocheport, Mo. Date signed 10-15-42

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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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 *G. L. Fulmer*

Licensed Embalmer No *1399*

P.O. Address *Highland*

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.