

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34194

State File No. _____

FILED NOV 5 1942
Registration District No. 188

Primary Registration District No. 4292

Registrar's No. _____

59
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Winfield Mo
(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 In the community (Specify whether)
years, months or days 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Winfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LUCRETIA CROSLAND

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 28
year 1942 hour 9 minute 00 A. M.

3. (b) If veteran, name war None 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from April
11, 1942 to Oct 28, 1942;
that I last saw her alive on Oct 28, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

Immediate cause of death
Cerebral Hemorrhage
Due to Arterial Sclerosis

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

7. Birth date of deceased May 25 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William L. Parker
(City, town, or county) (State or foreign country)

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

14. Maiden name Catherine Brown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dick Cunningham
(b) Address Winfield Mo

17. (a) Burial (b) Date thereof Oct 30 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director W. J. ...
(b) Address Iron Mo

Duration
Other conditions 83a
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

19. (a) 10-30-42 (b) J. M. ...
(Date received local registrar) (Registrar's signature)

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) 2
(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? 2

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

23. Signature J. M. ... (M. D. or other) MD
Address Old Monroe Mo Date signed 10/30/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.