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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

K.

State File No. 3685

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott County
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No — 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 1917 - oct. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott 100 5
(c) City or town Sikeston, Mo. 2
(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 Nettie A. Grogan.
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex F.
5. Color or race W. 1
6. (a) ~~Single,~~ widowed, ~~married,~~ ~~divorced~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 97 (Day) 1857 (Year)

8. AGE: Years 85 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Annison Co. Ky. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Larkin Crossfield
13. Birthplace — (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Nancy Frasier
15. Birthplace — (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. Dean Marshall
(b) Address Sikeston, Mo.
17. (a) Dec 31 Sikeston (Burial, ~~cremation, or removal~~) (b) Date thereof Dec 31-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Sikeston, Mo.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address Sikeston, Mo.
19. (a) 1/4/43 (Date received local registrar) (b) Louis Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1942 hour 9:15 minute P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h — alive on , 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Gen arterio sclerosis senility | 1930. |
| Due to Chr. Myocarditis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 93d | |
| Major findings: Of operations | |
| Of autopsy no | |

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?
(Specify type of place)
While at work? (e) Means of injury —
23. Signature Howard M Kendy (M.D. ~~or other~~)
Address Sikeston Mo. Date signed 1-4-42

1010

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 143-84
Date Filed 1-13-43

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~~ Dec, 29-4

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Arden Ellis

Licensed Embalmer No. 4218

P. O. Address Sylvester, Mo.

**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.**