V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9772

FILED APR 8 1944

Registration District No. 1944

Primary Registration District No. 4066

Registrar's No. 10

13
0
0

1. PLACE OF DEATH:

(a) County: Caldwell

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

(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kingston
(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: Launa Fawna Cruckshank

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

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James Martin Cruckshank

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

7. Birth date of deceased: March (Month) 13 (Day) 1859 (Year)

8. AGE: Years 83 Months 10 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: Robert Parker Kendrick
13. Birthplace: Kentuckey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Susan McDaniel
15. Birthplace: Kentuckey (City, town, or county) (State or foreign country)

16. (a) Informant: R. W. Cruckshank Missouri
(b) Address: 10 So 13th Kansas City Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: McDaniel Cemetery

18. (a) Signature of funeral director: Cramer Clark
(b) Address: Kingston, Missouri.

19. (a) 3-15-43 (Date received local registrar) (b) Mrs Vivian Budgwite (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26, year 1943 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 5, 1942, 19..., to Jan 26, 1943, that I last saw her alive on Jan 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene of lower left limb	6 Mo.
Due to: Embolism in left limb.	7 Mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 99.1
Of autopsy .....

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: G. C. Burnum D.O. or other
Address: Hamilton, Mo. Date signed: Jan. 28

(Licensed Embalmer's Statement on Reverse Side)

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.