

S. No. 2
M-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11263

State File No.

Registrar's No.

FILED MAR 16 1943
Registration District No. 275

Primary Registration District No. 6064

1. PLACE OF DEATH

(a) County St Clair

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

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town Osceola Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME Ebbie May Crithfield

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2nd
year 1943 hour 4 minute 30P M.

21. I hereby certify that I attended the deceased from 9-14 1942 to 2-11 1943;
that I last saw him alive on 2-11 1943;
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Chas Crithfield

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

7. Birth date of deceased March 2 1881
(Month) (Day) (Year)

Immediate cause of death Squamous cell carcinoma of lining uterus

Duration 11 8 0

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 11 8 0

8. AGE: Years 62 Months 11 Days 9 If less than one day hr. min.

9. Birthplace St Clair County Mo
(City, town or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Anderson Burrow

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

14. Maiden name Unknown

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Reba Bowser

(b) Address Osceola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Leaton Cemetery

18. (a) Signature of funeral director Osceola Mo

(b) Address Osceola Mo

19. (a) 3-1-1943 (Date received local registrar) (b) T. H. F. Angler (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)

(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? no (Specify type of place) (e) Means of injury 0

23. Signature T. H. F. Angler, M.D. (M. D. or other) mo

Address Osceola, Mo. Date signed 3-3-43

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

00003

11/01

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

2-43-89

3-8-43

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Chas Gilbert Hathaway

Licensed Embalmer No.

4267

P. O. Address

Osceola, 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.