S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17334

JUN 12 1943

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 18 Pendleton St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 18 Pendleton St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROBERT CROSSWHITE

3. (b) If veteran, name war —

3. (c) Social Security No. 490-07-0656

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Mamie Crosswhite

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

7. Birth date of deceased 9 (Month) - 30 (Day) - 1882 (Year)

8. AGE: Years 60 | Months 7 | Days 2 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Miner

11. Industry or business Coal Mine

FATHER
12. Name Willis Crosswhite
13. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Alice Wingo
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mamie Crosswhite

(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) 5-5-'43 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 year 1943 hour 6 am minute ..... M.

21. I hereby certify that I attended the deceased from 10 31 1942 to 5/2/43 19..... that I last saw him alive on 5/1/43 19..... and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Mitral Insuff

Due to nuncy

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

92 f

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 L H R Boffman (M. D. or other)

Address 500 Park Date signed 5/4/43

(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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.