

S. No. 2
M-2-43
5-17-39
I X3559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20991

State File No. _____
Registrar's No. 205

FILED JUL 9 1943
Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
1402 N Boulevard
(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) 40 years

3. (a) PRINT FULL NAME John Harvey Crosner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Augusta Heron 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 7 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Mount Vernon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name William Crosner

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Matthie Larangan

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Crosner

(b) Address Phillipville Illinois

17. (a) Burial (b) Date thereof 6-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorraine Cent.

18. (a) Signature of funeral director J. H. Crosner

(b) Address Cape Girardeau, Mo.

19. (a) 7-3-43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 1402 N Boulevard
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1943 hour 8 minute 40A M.

21. I hereby certify that I attended the deceased from 6/1 1943 to 6/27 1943
that I last saw him alive on 6/27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to hypertension

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) g30

Major findings:
Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signatures D. Keeler (M. D. or other) _____
Address Cape Girardeau Date signed 6/29/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1017

mo. 1943

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RECEIVED ^{E3}

District Health Officer No. 4
District File Number 743-2412
Date Filed 7-7-43

NOV 16 1943

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 Edward B. Warren

Licensed Embalmer No. 4187

P. O. Address Pope Hindman

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.

EM-B-7