

U. S. No. 2
FORM—2-43
5-17-39
X35697

23789
State File No. _____
Registrar's No. **3028**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
414 West Meyer
(If not in hospital or institution, write street number or location)

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

In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID A. CROSSWHITE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma **5. Color or race** Wh

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

6. (b) Name of husband or wife. Mrs. Rosalie Crosswhite

6. (c) Age of husband or wife if alive. 59 years

7. Birth date of deceased. September 7 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>10</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace. Washington County Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation. Deputy Sheriff

11. Industry or business. County

12. Name. Jesse Crosswhite

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

14. Maiden name. No Record

15. Birthplace. " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Rosalie Crosswhite

(b) Address. 722 1/2 Main, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof.** 7-10-43
(Month) (Day) (Year)

(c) Place: burial or cremation. Forest Hill

18. (a) Signature of funeral director. J. W. Wagner

(b) Address. Kansas City, Mo.

19. (a) 7-9-43 (Date received local registrar) **(b) J. E. Brown** (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 414 West Meyer
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from June 11 1943 to July 8 1943,
that I last saw him alive on July 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Dilatation of heart Duration 1 day

Due to. Arteriosclerosis and hypertension

Due to. _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations. _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury.

23. Signature. E. J. E. Evans (M. D. or P. D.)

Address. 911 Waldheim Bldg **Date signed.** 7/9/43

(Licensed Embalmer's Statement on Reverse Side)

11
08744 - 11
116
Madd
Kearney

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 A. R. Harnschild
Licensed Embalmer No. 4159
P. O. Address Kansas City 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.