

FILED DEC 6 1943  
93  
Registration District No. **93**

Primary Registration District No. **5340**

1. PLACE OF DEATH:

(a) County **Dade**  
(b) City or town **Rural Smith Twpshp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **10 mi. S.W. of Greenfield**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NONE** (Specify whether  
In this community **20 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**  
(c) City or town **rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **10 mi. S.W. of Greenfield**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **NONE**

3. (a) PRINT FULL NAME **Robert Lee Crouch**

3. (b) If veteran, name was **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **NO** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **XXXX September 17 1923**  
(Month) (Day) (Year)

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

9. Birthplace **Greenfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Agriculture**

12. Name **Frank L. Crouch**  
13. Birthplace **Lawrence Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lillie Mae Mallett**  
15. Birthplace **Dade Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank L. Crouch**  
(b) Address **So. Greenfield, Mo. RFD**

17. (a) **Burial** (b) Date thereof **10-30-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenfield Cemetery**

18. (a) Signature of funeral director **Walt Funeral Home**  
(b) Address **Greenfield, Missouri**

19. (a) **Oct 30 43** (b) **Phyllis Lack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25**  
year **1943** hour **A. M.** minute **M.**

21. I hereby certify that I attended the deceased from **19** to **19**  
that I last saw him **alive on** **19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **accidentally inflicted**  
**Gunshot wound of the head**

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 12.9**  
(b) Date of occurrence **October 25, 1943**  
(c) Where did injury occur? **R.F.D. Dade Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**FARM**

While at work? **NO** (Specify type of place) (c) Means of injury **gunshot**

23. Signature **J. H. Inguera**  
Address **Greenfield, Mo.** Date signed **10-29-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1143-1273

Date Filed NOV 30 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 Sam E. Serseney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.