

FILED JAN 7 1944  
Registration District No. 285

Primary Registration District No. 6118

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Chaffee 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 \_\_\_\_\_

3. (a) PRINT FULL NAME Vida Kathleen Crouthers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1943 hour 5:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 14 1897  
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 930  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Polk County Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph King

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

14. Maiden name Jane M. Welsh

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

16. (a) Informant \_\_\_\_\_ (b) Address Chaffee Mo. RFD

17. (a) Burial (b) Date thereof 12-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director Hammers Funeral Home  
(Specify type of place)

(b) Address Coran Mo

19. (a) 1-3-44 (b) H. P. Schuman  
(Date received local registry) (Registrar's signature)

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? \_\_\_\_\_

23. Signature Lydia Mae Stovner  
(Name of other)

Address Sikeston Mo. Date signed 1/30/44

RECEIVED

District Health Office No. 2,

District File Number 158-26

Date Filed 1-5-44

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**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 Raymond Crews  
Licensed Embalmer No. 3467  
P. O. Address Sikeston, 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.**