S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1944

Registration District No. 2847

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7697

Primary Registration District No. 4312

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town La Plata
(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 —
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town La Plata 2
(If outside city or town limits, write "RURAL") 0

(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 Barbara Elizabeth Crosser

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Dave C. Crosser

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

7. Birth date of deceased Feb (Month) 26 (Day) 1873 (Year)

8. AGE: Years 70 Months 11 Days 5 If less than one day ... hr. ... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name W. J. Hall
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Rice Elizabeth Olds
15. Birthplace Mo (City, town, or county) ~~Feb~~ 0 (State or foreign country)

16. (a) Informant Mrs John M. Hunter
(b) Address La Plata Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hilltop Cemetery Kirksville

18. (a) Signature of funeral director A. J. Christie
(b) Address La Plata Mo

19. (a) Feb 3-1944 (Date received local registrar) (b) Verna Leach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 2nd, year 1944 hour 9:3 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 23, 1943, to Feb. 2, 1944, that I last saw her alive on February 2, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 da.
Due to Myocardial decompensation	10 da.
Due to Secondary Carcinoma of intestine and lungs.	
Other conditions (Include pregnancy within 3 months of death) Primary Carcinoma of left Breast.	

Major findings:
Of operations 50
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 2

23. Signature Edward T. Newell (M. D. or other) P.O.
Address La Plata, Mo. Date signed 2/3/44

1339 (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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.