

5. No. 2
M--2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

510382

FILED MAR 27 1944

Registration District No.

Primary Registration District No. 3.006

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month
(Specify whether years, months or days)

In this community 30 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1216 Walnut St.
(If rural, give location)

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

3. (a) PRINT FULL NAME HATTIE MOSS CROSWHITE

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month Feb. day 22
year 1944 hour 3:12 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J.H. Croswite

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

7. Birth date of deceased 5 - 13 - 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June - 1 1942 to Feb - 22 1944
that I last saw her alive on Feb - 21 - 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79	9	9	hr. min.
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Immediate cause of death auricular fibrillation

9. Birthplace Mt. Sterling Kentucky
(City, town, or county) (State or foreign country)

Due to myocarditis & arteriosclerosis

10. Usual occupation At Home

Due to _____

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

11. Industry or business _____

Major findings: Of operations none

12. Name T.D. Moss

Of autopsy none

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

14. Maiden name Unknown

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

16. (a) Informant M. Moss Davis

(b) Address Kansas City, Kansas

17. (a) Burial (b) Date thereof 2-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pisgah Cemetery

18. (a) Signature of funeral director Parten Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-1-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J.C. Suggs (M. D. or other) M.D.

Address 2-26 - Columbia Date signed 2-24-44

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

10
2
4

10
2
4

1250

(Licensed Embalmer's Statement on Reverse Side)

mo

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-23-44

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 W. W. Whitfield

Licensed Embalmer No. 3893

P. O. Address Salisbury, N.C.

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.