

S. No. 2
M-8-43
v. 5-17-39
-I X37823

11880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1941

Registration District No. 302

Primary Registration District No. 6043

Registrar's No. 1485

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: 1 7
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME DONA CROSSON

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Mar day 30
year 1941 hour 12 minute 30 P.M.

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced 2

21. I hereby certify that I attended the deceased from July 1941, to Sept 9 1941
that I last saw her alive on Sept 9 1941
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Don Crosson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 22 1865
(Month) (Day) (Year)

Immediate cause of death: Pneumonia Duration

8. AGE: Years 79 Months 8 If less than one day hr. min.

Due to Influenza

9. Birthplace Ripley Co Mo
(City, town or county) (State or foreign country)

Due to

10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business house keep.

Major findings: Of operations 32a PHYSICIAN

12. Name Henry Ward

Underline the cause to which death should be charged statistically.

13. Birthplace unknown S.C.
(City, town, or county) (State or foreign country)

14. Maiden name Cargine Williams

15. Birthplace unknown N.C.
(City, town or county) (State or foreign country)

16. (a) Informant Don ward

(b) Address Fairdeal

17. (a) Burial (b) Date thereof Jan. 2 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdeal

18. (a) Signature of funeral director Minnie H. J. H.

(b) Address Naylor, Mo

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 J. Williams (M. D. or other)

Address Danphau Date signed 4-1-41

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

91
00

1217

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,
District File Number 444-293
Date Filed 4-8-44

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 Bryan Mc Cord
4079 Licensed Embalmer No.....

P. O. Address.....

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.