

S. No. 2
M-5-42
S-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14666

State File No. _____

FILED MAY 9 1944

Registration District No. _____ Primary Registration District No. 2000

Registrar's No. 351

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

399
266

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Linda Sue Crozier

3. (b) If veteran, name war None

(c) Social Security No. None

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased MAY 6th, 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>3</u>	<u>11</u>	<u>15</u> hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Theodore T. Lord Crozier

13. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name ANNA BRANHAM

15. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Theodore T. Crozier

(b) Address Flemington, Mo. Route # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E. W. Humm

(b) Address Sumnerville, Mo.

19. (a) 4-21-44 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. Route # 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1944 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from 3-25 1944 to 4-21 1944
that I last saw her alive on 4-21-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza meningitis 1 mo
Duration _____

Due to _____

Due to _____

Other conditions 338
(Include pregnancy within 3 months of death)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Arthur D. Seibel (M. D. or other) _____

Address Springfield, Mo. Date signed 4-21-44

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2x

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.....
by me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*E. H. P...*.....
Licensed Embalmer No. *4282*.....
P. O. Address *Hannoverville, 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.

X