

FILED MAY 15 1944

Registration District No. 135

Primary Registration District No. 3127

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jebb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks 4 days
(Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Oronogo
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Maby Katherine Crosby

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John L. Crosby 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 30 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Breeman, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

MOTHER FATHER { 12. Name John Ringle
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Christian Steiman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Husband J. L. Crosby
(b) Address Oronogo, Mo.

17. (a) Burial (b) Date thereof 4/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weaver Cemetery

18. (a) Signature of funeral director Nedger Nelson
(b) Address Webb City, Missouri

19. (a) Apr. 20, 1944 (b) Mrs. Lilla Logg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from April 1943
to April 18 1944
that I last saw her alive on April 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30!

Major findings: Of operations _____
Of autopsy _____

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 W. J. Hogan (M. D. or other) _____
Address Webb City, Mo. Date signed 4/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1180

44-4-350

AUG 23 1954

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 *[Signature]*
Licensed Embalmer No. 28569
P. O. Address *[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.