

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 13 1944**  
Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17383  
State File No. \_\_\_\_\_  
Registrar's No. 136

Primary Registration District No. 3006

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

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: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community about 55 years years, months or days

3. (a) PRINT FULL NAME LEONA CROSSWHITE  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female Color or race negro  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Blair Crosswhite  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased about 1889 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years About 55 Months - Days -  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone Co. Mo. (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation maid

11. Industry or business Private family

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Luigi Gilmore  
(b) Address Detroit, Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stuart D. Park  
(b) Address Columbia Missouri

19. (a) 5-31-44 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia (If outside city or town limits, write "RURAL") 10  
(d) Street No. 107 West 2nd St. (If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No) 4  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11  
year 1944 hour 9 minute 30P. M.

21. I hereby certify that I attended the deceased from 3-11-44 to 5-26-44  
that I last saw her alive on Did not date rec. 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema Duration Do not know  
She was waiting to go to Dr. Vernore, but got suddenly worse & died

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

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) None

(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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. R. Dyson (M. D. or other) MD  
Address Calcuttium Date signed 5-23-44

1254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

6-12-44

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~~ \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

*Stuart F. Parker*

Licensed Embalmer No. \_\_\_\_\_

2900

P. O. Address \_\_\_\_\_

Columbia 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.