

FILED JUL 20 1944

Registration District No. 73

Primary Registration District No. 3004

1. PLACE OF DEATH:

(a) County... Barton
(b) City or town... Lamar
(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...
In this community... 12 yrs
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Barton
(c) City or town... Lamar
(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... U

3. (a) PRINCE FULL NAME... CHRISTOPHER J. CRUSA

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

4. Sex... Male 5. Color or race... White 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Margaret Ann Crusa 6. (c) Age of husband or wife if alive... 74 years

7. Birth date of deceased... March 20th, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 3 4 hr. min.

9. Birthplace... Franklin Co, Ind
(City, town, or county) (State or foreign country)

10. Usual occupation... Retired Farmer

11. Industry or business...

12. Name... Frederick Crusa
13. Birthplace... unknown
14. Maiden name... Louise
15. Birthplace... unknown
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Margaret Ann Crusa
(b) Address... Lamar, MO.

17. (a) Burial (b) Date thereof... 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Scott Cemetery, Amsterdam, MO.

18. (a) Signature of funeral director... River, Funeral Home
(b) Address... Lamar, MO.

19. (a) 6-24-44 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION -

20. DATE OF DEATH: Month... June 24th, 1944
year... hour... 3 minute... 15 A.M.

21. I hereby certify that I attended the deceased from Feb 2
1944, to June 23, 1944
that I last saw him alive on June 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death... Hypostatic Pneumonia
Due to... Cardiac Failure
Due to... Nephritis 2 mo.

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

Major findings:
Of operations...
Of autopsy...

Duration

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... 2

23. Signature... R. M. ... (M. D. or other) SP
Address... Lamar mo Date signed... 6/28/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 744-826

Date Filed JUL 13 1944

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 *Raymond River*

Licensed Embalmer No. 3141

P. O. Address *Lamar, 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.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Christopher J. Cause

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20 1956
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days _____ if less than one day min. _____

9. Birthplace _____ IND.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 27
 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Hypostatic pneumonia

Due to cardiac failure

Due to Nephritis acute 2 mo.

Other conditions _____
(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)
 (c) Means of injury _____

23. Signature Patman (M. D. or other) Do
 Address St. Louis mo Date signed 8/2/44

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

SUPPLEMENTARY

24024