

FILED AUG 14 1944

Registration District No. **137**

Primary Registration District No. **3028**

Registrar's No. **153**

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carthage** **1**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **1102 So. Case St.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **JUDITH ANN CRUSA**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3**
year **1944** hour **6:55** minute **A.** M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 3, 1944**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 3, 1944**, to **July 3, 1944**, that I last saw her alive on **July 3, 1944**, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 5 min.

9. Birthplace **Carthage, Mo.**
(City, town, or county) (State or foreign country)

Immediate cause of death _____
Birth injury, cerebral **Lined**

Due to **Pelvic dystocia** **5 min.**

Due to **Breech presentation and forceps delivery after coming head** **Artificial respiration**

Other conditions **failed to breathe spontaneously** **PHYSICIAN**

Major findings: Of operations **Heart cont. 5 min.**

Of autopsy **1600**

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Robert L. Crusa**

13. Birthplace **Carthage, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Wionivere Joy Matthews**

15. Birthplace **Rogers, Arkansas**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs. Rössie Blankenship**

(b) Address **1102 So. Case St., Carthage**

17. (a) **Rurial** (b) Date thereof **7-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Missouri**

19. (a) **July 3rd 44** (b) **E. Elizabeth Cruplin**
(Data received local registrar) (Registrar's signature)

23. Signature **Emery [Signature]** (M. D. or other) **MD.**

Address **Carthage** Date signed **July 3, 1944**

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

9
1
3

MOTHER FATHER

JUL 1944 3

44-7-619

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 Ed Williams

Licensed Embalmer No. 2272

P. O. Address Parthage

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.