S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35082

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Missouri. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls, 87
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida Jame Crosthwait.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Sheldon Crosthwait

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

7. Birth date of deceased Feb. 6, 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	8	7	hr. min.

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

10. Usual occupation Housework.

11. Industry or business Home.

FATHER
12. Name John Skackelford.
13. Birthplace Unknown (City, town, or county) Kentucky. / (State or foreign country)

MOTHER
14. Maiden name Ellen Shackelford.
15. Birthplace Unknown (City, town, or county) Kentucky. / (State or foreign country)

16. (a) Informant Mrs. Henry Welch
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lickcreek Cemetery

18. (a) Signature of funeral director Clyde Willey
(b) Address Perry, Missouri

19. (a) OCT. 15-1944 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th, year 1944 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1 1943, 19 to Oct. 13, 1944 that I last saw her alive on Oct. 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Senility~~ Senility with dementia

Due to Senility

Due to 162

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

23. Signature E. T. Swan (M. D. or other) DO.
Address Perry Mo. Date signed 10/14/44

1155 (Licensed Embalmer's Statement on Reverse Side)

NOV 9 1944

RECEIVED
District Health Officer No. 10
District File Number 10-44-1763
Date Filed NOV 3 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 Clyde C. Wilson

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

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.