

FILED DEC 7 1944

Primary Registration District No. .... *5000*

Registrar's No. .... *9121*

1. PLACE OF DEATH:

(a) County *Greene*  
(b) City or town *Springfield*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *St. John's Hospital*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. *3 day* (Specify whether  
In this community *three days* years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Pulaski*  
(c) City or town *Fort Leonard Wood*  
(If outside city or town limits, write "RURAL.")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? *No* (Yes or No)  
If yes, name country *1*

3. (a) PRINT FULL NAME. *JAMES FRANCES CROUCH*

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

4. Sex *Male* 5. Color *White* 6. (a) Single, widowed, married, divorced *single*  
6. (b) Name of husband or wife. *NONE* 6. (c) Age of husband or wife if alive. *XX* years  
7. Birth date of deceased. *October 6, 1927*  
(Month) (Day) (Year)

8. AGE: Years *17* Months *1* Days *13* If less than one day hr. min.

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

10. Usual occupation. *Student*

11. Industry or business.

12. Name *James Frances Crouch*  
13. Birthplace *Unknown Ark*  
(City, town, or county) (State or foreign country)  
14. Maiden name *James Routh*  
15. Birthplace *Unknown Ark*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Jesse M. Routh*

(b) Address *14 E. Lebanon, St. Louis*

17. (a) *Burial* (b) Date thereof *Nov. 24, 1944*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. *East Lawn Cemetery*

18. (a) Signature of funeral director. *Fred. C. Thiem*

(b) Address *1100 Bonville Ave. Spfld. Mo.*

19. (a) *11-20-44* (b) *S. W. Handley*  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov.* day *19*  
year *1944* hour *10* minute *00A* M.

21. I hereby certify that I attended the deceased from *11/16/44*  
to *11/18/44*  
that I last saw him alive on *11/18/44*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Hanot's Cirrhosis of the liver*  
Duration *4 mo. or more*

Due to .....

Due to .....

Other conditions *124*  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(c) Where did injury occur? .....

(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 *J. B. Lemmon* (M. D. or other) *M.D.*

Address *Springfield, Mo.* Date signed *11/20/44*

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

MOTHER FATHER

1.33104

08 02 100  
FEB 26 1945

**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 Fred C. Pieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.**