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38012

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED DEC 11 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registration District No. 155  
 Primary Registration District No. 5577  
 Registrar's No. 4

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Asbury  
 (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 50 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper 49  
 (c) City or town Asbury  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Center of town  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann (Matie) Crosby  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 4 1966  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 21  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Near Green Valley Illinois  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
 12. Name Uriah Crosby  
 13. Birthplace Canadagh, N. Y.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Amalida Roberts  
 15. Birthplace Morton Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Sis. Mrs. Roda Wetherell  
 (b) Address Asbury, Mo.  
 17. (a) burial (b) Date thereof 11/5/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jaco Cemetery  
 18. (a) Signature of funeral director Hedge-Lewis  
 (b) Address Webb City, Missouri  
 19. (a) Nov 3 1944 (b) Mrs. Lillie Lagle  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 1  
 year 1944 hour 7:00 minute A. M.  
 21. I hereby certify that I attended the deceased from 9-29, 1944, to 10-31, 1944  
 that I last saw her alive on 10-31, 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema, Asphyxia  
 Due to Cardio Vascular Renal Dis.  
Chronic Nephritis  
 Other conditions asthma 58 yrs  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 131 lb  
 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 2  
 23. Signature A. S. Rose (M. D. or other) Do.  
 Address Asbury Mo. Date signed 11-7-44

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

9900

OCT 34 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..... *[Handwritten Signature]*.....

Licensed Embalmer No..... *[Handwritten Number]*.....

P. O. Address..... *[Handwritten Address]*.....

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.