S. No. 2
I—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40611

Registration District No. 33 Primary Registration District No. 4044 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Sturgeon
(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 1 (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Sturgeon
(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

3. (a) PRINT FULL NAME Julia Glen Crosswhite

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

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

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

7. Birth date of deceased Oct. (Month) 19 (Day) 1861 (Year)

8. AGE: Years 83 Months 1[illegible] Days 27 If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Hwf.

11. Industry or business

FATHER
12. Name Wilson Patrick
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sarah Roan
15. Birthplace (City, town, or county) North Car. (State or foreign country)

16. (a) Informant Mrs C L Brooks
(b) Address Centralia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Cem.

18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon, Mo.

19. (a) 12-16-44 (Date received local registrar) (b) Mary Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Dec year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 5 1944 to Dec 15 1944 that I last saw her alive on Dec 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal Ulcer — Duration 3 weeks or longer

Due to

Due to

Other conditions Bronchial Asthma years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 117 hr

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 [illegible] (M. D. or other)

Address Sturgeon Mo. Date signed 12/16/44

1251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-5-45

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 R E Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.