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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1945

State File No. 23792

Registration District No. 2-1-79 Primary Registration District No. 5-29-15306 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cole Co

(b) City or town Centertown, Mo. Marion Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt # 2. Centertown, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Centertown, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt # 2 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME James F. Crutsinger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased Mar (Month) 4 (Day) 1870 (Year)

8. AGE: Years 75 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Wm Crutsinger
13. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Zona Hayter
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant J. H. Crutsinger
(b) Address Centertown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 45 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemt,

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 7/31/45 (Date received local registrar) (b) E. J. Witthaus (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1945 hour 11 A. minute ..... M.

21. I hereby certify that I attended the deceased from May 1945 to July 30 1945;
that I last saw him alive on July 28 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pyloric obstructions & metastases of cancer to liver	4 wks
Due to Cancer of Stomach — lesser curvature	about 2 yrs
Due to (histology undetermined)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 C. E. Manifield M.D. (M.D. or other)
Address Centertown Mo. Date signed 7/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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.