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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28141

Registration District No. 274 Primary Registration District No. 302 Registrar's No. 211

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 122 E. 7TH ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS CO
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 122 E. 7TH ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME LOUISIANA CROSSLIN
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 JAMES C.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) - 24 (Day) - 1866 (Year)

8. AGE: Years 78 Months 7 Days 15 If less than one day hr. min.

9. Birthplace SALINE Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER 12. Name WM F. MANGUS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name SUSAN TERRY
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS T. E. SHOEMAKER
(b) Address SEDALIA, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY
18. (a) Signature of funeral director GILLESPIE
(b) Address SEDALIA, MO.
19. (a) 8/11/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 9TH year 1945 hour 1 minute 50 P. M.
21. I hereby certify that I attended the deceased from Sept 19 44 to Aug 8 19 45 that I last saw her alive on Aug 8 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis — Duration 2-3 yrs
Due to Arterio Sclerosis 8
Due to Hypertension
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 J W Boyer (M. D. or other)
Address Sedalia Mo Date signed 8/11/45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-45

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 L. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.