. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38125

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 97

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Ward Avenue
(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 21

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

3. (a) PRINT FULL NAME HENRY GREEN CROUSE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Crouse
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October (Month) 1 (Day) 1863 (Year)

8. AGE: Years 82 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Madison County, (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Timberman
11. Industry or business
FATHER
12. Name Do Not Know
13. Birthplace Do Not Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Do Not Know
15. Birthplace Do Not Know (City, town, or county) (State or foreign country)
16. (a) Informant Robert Crouse
(b) Address Caruthersville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 12-11-45 (Date received local registrar) (b) Dressee B. Wells (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1945 hour 12 minute 20A. M.
21. I hereby certify that I attended the deceased from Nov. 27 — 1945 to Dec. 2 — 1945 that I last saw him alive on Nov. 29 — 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage — 4 days
Due to
Due to
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. R. Pinion (M. D. or other)
Address Caruthersville, Mo. Date signed 12-2-45

1443

(Licensed Embalmer's Statement on Reverse Side)

11-45-231

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 Lee Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed H. L. McCann

Licensed Embalmer No. 2727

P. O. Address Counthusville, M

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.