

FILED JAN 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2568

Registration District No. 99

Primary Registration District No. 4169

Registrar's No. 25

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Maconville
(c) Name of hospital or institution: home!
(d) Length of stay: In hospital or institution. H 5 mo.
In this community H 5 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb
(c) City or town Maconville
(d) Street No. 32
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME

BERT CRIDLING

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. ✓ 73

7. Birth date of deceased June 5 1873

8. AGE: Years 72 Months 6 Days 19 hr. min.

9. Birthplace: Iowa

10. Usual occupation Farmer

11. Industry or business

12. Name Amos Cridling

13. Birthplace unknown

14. Maiden name Caroline Boyd

15. Birthplace unknown

16. (a) Informant Homer Cridling

(b) Address Maconville Mo

17. (a) Burial (b) Date thereof 12-26-45

(c) Place: burial or cremation. Maconville Mo

18. (a) Signature of funeral director. J. B. Brown

(b) Address Maconville Mo

19. (a) Jan 2, 1946 (b) Roscoe Davidson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1945 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1945 to Dec 24 1945 that I last saw h. i. M. alive on Dec 23 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: Other conditions: Chronic Pneumonia

Major findings: Of operations: Of autopsy: 930

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Dr. Harold Fowler (M. D. or other) Address: Maconville, MO. Date signed: 12-26-45

Duration 5 years? PHYSICIAN Underline the cause to which death should be charged statistically.

100126 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received
DISTRICT HEALTH OFFICE
Cameron, Mo.

1-18-46

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.....

John B. Brown

Licensed Embalmer No. *3933*

P. O. Address.....

Mayville 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.