. No. 2
—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28169

State File No.

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 258

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins, Mo
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois
(c) City or town Elvins 3
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Washington Crouch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Caus.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June 16, 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Phelps County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business ---

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edmond Crouch
(b) Address Elvins, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bismark IOOF Cemetery
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Ave, Flat River, Mo
19. (a) 8-17-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1946 hour 8:50 minute A.M.
21. I hereby certify that I attended the deceased from Mar 17, 1946 to Aug 16, 1946 that I last saw him alive on Aug 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration
Due to Chr myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations N.D.
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 0
23. Signature G. H. Applberry (M. D. or other) MD
Address Flat River Mo Date signed Aug 17 46

289 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 946-257

Date Filed 9-9-46

SEP 11 1946

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.