

FILED DEC 24 1946
Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 500 Leslie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna J. Crouch

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Solon Crouch
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 19 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>23</u>	hr. _____ min.

9. Birthplace Mt. Vernon Ohio, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public Schools

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 William Crouch
(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof Dec 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery
(d) Signature of funeral director Marshall Fun. Ho.

(e) Address Carrollton Mo.
19. (a) 12/14/46 (b) Mr. Herbert Colner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1946 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from December 1
1946 to December 12, 1946
that I last saw her alive on December 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Pulmonary Edema
Due to _____
Due to _____

Duration

2 days

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:

(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
23. 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? _____ (b) Means of injury _____

23. Signature John H. Platt (M. D. or other)
Address Carrollton, Mo. Date signed 12/14/46

RECEIVED

Public Health Dept. No. 8,

License File No. 12

Date Filed 12-21-1915

APR 9 1916

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrington, 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.