

Registration District No. **183**

Primary Registration District No. **4297**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Linn**

(b) City or town **Purdin**
(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) **76**

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Linn**

(c) City or town **Purdin**
(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 **Joseph Watson Crookshank**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **29** year **1946** hour **5** minute **0** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **70** years (Day) (Year)

7. Birth date of deceased **July 10 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 29th**, 19**46** to _____, 19____; that I last saw him alive on **November 29th**, 19**46**; and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **4** Days **19** If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary embolism** Duration _____

9. Birthplace **Linn Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name **William Crookshank**

13. Birthplace **W.Va**
(City, town, or county) (State or foreign country)

14. Maiden name **Harriet Bruffy**

15. Birthplace **W.Va**
(City, town, or county) (State or foreign country)

Major findings: Of operations **94A**

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Walter Crookshank**
(b) Address **Purdin - Mo**

17. (a) Burial (b) Date thereof **12 2 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Purdin Cem**

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? _____

18. (a) Signature of funeral director **Schauer**
(b) Address **Linn Mo**

19. (a) Dec 5, 1946 (b) **Elva Crookshank**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury **2**

23. Signature **Dr. W. H. Payne** (M.D. or other) **Dr.**
Address **Purdin, Missouri** Date signed **Dec 2-46**

40058 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Dwight Schaefer*

Licensed Embalmer No. *2667*

P. O. Address *Millan - 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.