

FILED MAR 14 1947

Registration District No. 42

Primary Registration District No. 5126

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural, Crawford Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Faucett, Mo. RR #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town R.R. #1, Faucett, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Faucett, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Ann Critchfield

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife James M. Critchfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 16 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Faucett Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home
11. Industry or business at home

MOTHER FATHER { 12. Name Joseph Burris

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Gilmore

15. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie A. Warren

(b) Address Faucett, Missouri

17. (a) burial (b) Date thereof 3/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery

18. (a) Signature of funeral director Heaton Bowman

(b) Address St. Joseph, Mo.

19. (a) March 6, 1947 (b) L. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1947 hour 1 minute 30 PM.

21. I hereby certify that I attended the deceased from Jan 1
1947, to March 3, 1947
that I last saw her alive on Feb 28, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease 2 yrs. Duration

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. L. Durham (M. D. or other) _____
Address Dearborn Mo Date signed 3/4/47

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, on.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 319 So 1st St. Joseph, 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.