

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 427

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital no. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Ridgeway
(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 H. M. Crosby

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 16, 1947, to March 25, 1947.
that I last saw her alive on March 24, 1947.
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. H. M. Crosby

6. (c) Age of husband or wife if alive not stated

7. Birth date of deceased not given
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Generalized arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

About 72. ? ? hr. min.

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name not given

13. Birthplace not given
(City, town, or county) (State or foreign country)

14. Maiden name not given

15. Birthplace not given
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. M. Crosby

(b) Address Ridgeway, Mo

17. (a) Burial (b) Date thereof 3/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Mo

18. (a) Signature of funeral director Robert Baggett

(b) Address Ridgeway Mo

19. (a) 3-27-47 (b) L. C. Jenkins
(Date received local registrar) (Registrar's signature)

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 Herbert J. Komer (M. D. or other).....
Address St. Joseph Mo Date signed 3-25-47

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

11
17

1
2
J

MOTHER FATHER

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.....

Roland D Clark

Registered Apprentice No. *530*

working under my personal supervision.

Signed.....

John E. Trupp

Licensed Embalmer No. *3986*

P. O. Address *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.