

S. No. 2
—12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10125**
Registrar's No. **23**

Registration District No. **2435** Primary Registration District No. **3047**

1. PLACE OF DEATH:
(a) County **Newton**
(b) City or town **Neosho**
(c) Name of hospital or institution:
322 N. Wood St.
(d) Length of stay: In hospital or institution **4 Years**
In this community **4 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Neosho**
(d) Street No. **322 N. Wood St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Iva Mae Crouch**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **8th**
year **1947** hour **2:00** minute **A.M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Joseph F.** (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 1st 1895**

21. I hereby certify that I attended the deceased from **Jan 11** 19**46** to **March 8** 19**47**
that I last saw him alive on **3-8** 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 **10** **7** hr. min.

Immediate cause of death **Admission of Carcinoma of Sigmoid Colon**
Due to _____

9. Birthplace **Marionville Missouri**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **550**
Of autopsy _____

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Singeleton Garoutte**
13. Birthplace **Billings, Mo.**
14. Maiden name **Laura Jones**
15. Birthplace **Billings, Mo.**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Joseph Earl Crouch**
(b) Address **322 N. Wood St.**

17. (a) **Burial** (b) Date thereof **March 11-1947**
(c) Place: burial or cremation **Springfield, Mo.**

18. (a) Signature of funeral director **Biglam Mortuary**
(b) Address **200 E. Spring Neosho**

19. (a) **Mar 11, 1947** (b) **Wilbur C. Coorman**

23. Signature **F. T. Whitehead** (M. D. or other) _____
Address **Neosho Mo** Date signed **3-11-47**

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

MOTHER FATHER

223

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton
District File Number 347-57
Date Filed 3-26-47

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, or by.....

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

Signed Beila Thombell

Licensed Embalmer No. 3590

P. O. Address Joplin, 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..