

No. 2  
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17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20420

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At home, 817-Sixth St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All of life (Specify whether  
In this community All of life years, months or days)

3. (a) PRINT FULL NAME Thomas C. Crosswhite.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-12-5638

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Alice Crosswhite. 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased March 19 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Prairie Home, Mo. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman  
Shirt & Hosiery.

11. Industry or business \_\_\_\_\_

12. Name John Crosswhite

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

14. Maiden name Jemima Hurt

15. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Crosswhite.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof June 24 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 6-24-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Boonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 817 Sixth St.  
(If rural, give location).  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1947 hour 12 minute 45 p. M.

21. I hereby certify that I attended the deceased from 6-12-47  
19  , to 6-22-47, 19  ;  
that I last saw him alive on 6-20-47, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure and asystole  
Duration 10 days

Due to Metastatic Melanoma with Pulmonary involvement

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 479  
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? \_\_\_\_\_

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

23. Signature P. M. Stuart (M. D. or other) \_\_\_\_\_  
Address 329 Main St. Date signed 6/24/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-3-47

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.....

*G. F. Baller*

Licensed Embalmer No.....

3067

P. O. Address.....

*Boonville, 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.