

STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1948
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 136

16
15
4

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution 909-E-Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fannie Lou Crosby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color Negro 6. (a) Single, widowed, married Single

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

7. Birth date of deceased July 4 1918
(Month) (Day) (Year)

8. AGE: Years 29 Months 10 Days 23 If less than one day _____ hr _____ min

9. Birthplace Centerville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Brunswick, Mo. School

12. Name Henry J. Crosby

13. Birthplace Centra Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Frazier

15. Birthplace Centerville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant H. J. Crosby

(b) Address 909-E-Elm

17. (a) Burial (b) Date thereof 5-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springview

18. (a) Signature of funeral director Samuel Swice

(b) Address 700 Jefferson

19. 5-29-48 (Date received local registrar) (b) R. P. Dorrie MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 909-E-Elm
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1948 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from Apr. 1 _____, 1948, to May 27 _____, 1948.

that I last saw her alive on May 27 _____, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema of right kidney history

Due to _____

Due to metastases of lung cancer

Other conditions coarctation
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)

While at work _____ (e) Means of injury CV

23. Signature R. P. Dorrie MD (M. D. or other) _____
Address Jefferson City Mo. Date signed 5-28-48

Duration _____

4 or more months

30 or more days

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3 1948

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 _____

Licensed Embalmer No. 3641

P. O. Address Geo.

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.