

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5931
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Saint Joseph Primary Registration District No. 1001 Registered No. 131
 (c) City Saint Joseph (d) Street No. 2410 Walnut Street St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2410 Walnut St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul D. Crossman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1885</u>		
7. AGE <u>54</u>	YEARS <u>9</u>	MONTHS <u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>35yr</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) <u>June 1939</u>
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Lawson, Missouri</u>		
13. NAME <u>Charles Sells</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Plattsburg, Missouri</u>		
15. MAIDEN NAME <u>Sarah Parvin</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Plattsburg, Missouri</u>		
17. INFORMANT <u>Joseph T. Miller,</u> (ADDRESS) <u>2410 Walnut Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cemetery</u> DATE <u>Febr. 7, 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>E.R. Sidenfaden F. Hom</u> (ADDRESS) <u>602 South 10th Street</u>		
20. FILED <u>Feb 6 1940</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1940 to Feb 4, 1940

I last saw h. er alive on Feb. 3, 1940 Death is said to have occurred on the date stated above, at 3:54A.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arterio-sclerosis
87 yr

Other contributory causes of importance:

Name of operation none Date of ✓
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify: _____
 (Signed) Gordon H. Wright, M.D. M. D.
85 (Address) 845 So 19th St. Saint Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Wright

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.....

..... Mollie E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed

R. V. Kerst

Licensed Embalmer No. 3876

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, above space should be left blank.