

Registration District No. 460

Primary Registration District No. 427A

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Wafayette
(b) City or town Higginsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
In this community All life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Crutchfield

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife if living (yes). America Crutchfield 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug 10 - 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer + miner

11. Industry or business Coal

MOTHER FATHER
12. Name Williard Crutchfield
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Curtis (Wife)
(b) Address Higginsville, Mo.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof Feb 1 - 41
(Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director Henry Maundhagen
(b) Address Higginsville, Mo

19. (a) Feb 13 - 41 (b) Tiffany Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wafayette
(c) City or town Higginsville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Broad St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? All life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 41 hour 11:27 minute 55 AM
21. I hereby certify that I attended the deceased from June 1, 1940, to Jan 28, 1941.
that I last saw him alive on Jan 4, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic nephritis - terminal - uraemia - arteriosclerosis.
Due to Senility - 72 1/2
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
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?
413
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature T. D. West (M. D. or other) _____
Address Higginsville, Mo Date signed 1/29/41

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

4
2
1

Krofer & Franzenstegen

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-5-41

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

Roy F. Wegler

Licensed Embalmer No.

2883

P. O. Address

Higgensville, Md.

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.