No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31562

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 730

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 918 Forest
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 918 Forest 6
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William L. Crosby

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased March (Month) 25 (Day) 1864 (Year)

8. AGE: Years 77 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name William Asbury Crosby
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah A. Lewis
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. E.C. Glenn
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 9-8-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1941 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw him dead on September 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death wounds received from shotgun — self inflicted

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

164 C

Major findings:
Of operations none
Of autopsy none

Duration

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) Suicide
(b) Date of occurrence September 7, 1941 33
(c) Where did injury occur? Springfield (City or town), Greene (County), Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home — in front yard (Specify type of place)
While at work? No (e) Means of injury Gun Shot wound

23. Signature Jas. B. Benson, Acting Coroner (M.D. or other)
Address 1622 No. Robberson Date signed 9/9/41

984 (Licensed Embalmer's Statement on Reverse Side) Springfield Missouri X

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.