

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 615 So. Mulvins  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 615 So. Mulvins  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES FRANCIS CROSON

3. (b) If veteran, name war x 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Julia May Croson 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased June 29 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name George Croson  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Chapman  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles F. Croson  
(b) Address Kirkville  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-41  
(Month) (Day) (Year)  
(c) Place: burial or cremation Highland Park, Kirkville

18. (a) Signature of funeral director B. E. Wiley  
(b) Address Kirkville Mo  
19. (a) Jan 3 1942 (Date received local registrar) (b) Mrs J. W. Waynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1941 hour 5:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 1 1941 to Dec 24 1941; that I last saw him alive on Dec 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 12/8 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? \_\_\_\_\_

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

23. Signature C. H. Martin (M. D. or other) \_\_\_\_\_ Address Kirkville Date signed Jan 3 1942

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

1003

RECEIVED

District Health Officer No. 10

District File Number

1-42-146  
JAN 27 1942

Date Filed

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, ~~only~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4181

P. O. Address. Kirkville 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.