

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18127

State File No.

Registrar's No. 63

FILED JUN 19 1942

Registration District No. 17

Primary Registration District No. 5553 B

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

48
0
0

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Emergency Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs
(Specify whether years, months or days)

In this community same 16 yrs

3. (a) PRINT FULL NAME Elmer Crouch

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

6. (c) Age of husband or wife if alive 53

7. Birth date of deceased: Sept 23 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>88</u>	<u>6</u>	<u>7</u>		hr. min.

9. Birthplace New Lisbon Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER { 12. Name James Crouch

13. Birthplace Harrison Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Crouch

15. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Claire C. Kennedy

(b) Address 720 Erie St, Oak Park, Ill

17. (a) Removal (b) Date thereof June 2 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Belle Plaines Kansas

18. (a) Signature of funeral director Otto Mitchell

(b) Address 310 N. Main St. Independence Mo

19. (a) June 1 1942 (b) F. M. Salick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Rt 4
(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 30
year 1942 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 29
1942 to May 30, 1942
that I last saw him alive on May 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Myocardial fibrosis

Due to Coronary insufficiency

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 930

Of operations

Of autopsy

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) (c) Means of injury

23. Signature James W. Spren (M. D. or other) MD

Address 1162 Blue, Two date signed 5-31-42

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address. Indep, 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.