

FILED AUG 14 1942

Registration District No. 2-6-10

Primary Registration District No. 3002

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico (rural)
(c) Name of hospital or institution Audrain hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
In this community 32 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(d) Street No. 604 S. Cole St.
(e) Citizen of foreign country? 0
If yes, name country _____

3. (a) PRINT FULL NAME Hulda Giles Crosswhite

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife G.W. Crosswhite 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16, 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months X Days 16 If less than one day hr. _____ min. _____

9. Birthplace Schylar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Isacc Giles
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Bradley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Victoria Jones
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof July 5, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. J. Qualls
(b) Address Mexico, Mo.

19. (a) July 2, 1942 (b) Margaret H. Mackie
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour 4:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 2, 1942 to July 1, 1942
that I last saw her alive on July 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis (Decompensation)
Due to Senility

Other conditions Old mitral valve lesion
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 J. P. Hansen (M. D. or other) MD
Address Mexico Mo Date signed 7-2-42

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

4
1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-42-1348

Date Filed AUG 11 1942

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.....

Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.