S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33122

Registration District No. 27 — Primary Registration District No. 3005 — Registrar's No. 56

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mechanic St
(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 Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. Mechanic Street
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dalla May Crutsinger

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

4. Sex female — 5. Color or race white — 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jefferson Crutsinger — 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec (Month) 16 (Day) 1870 (Year)

8. AGE: Years 71 | Months 9 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Near Butler (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Mc Coy
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Katherine Bowalina
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant J. F. Crutsinger
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver's
(b) Address Butler Mo

19. (a) October 5, 1942 (Date received local registrar) (b) Mrs Marvin Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1942 hour 5 minute - M.

21. I hereby certify that I attended the deceased from Sept 30 1942, 19.. to Oct 4, 1942 that I last saw her alive on Oct 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Fibrotic Tuberculosis	
Due to	
Due to Chr Tuberculosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Chester W. Hutes (M. D. or other) MD
Address Butler, Mo Date signed 10/5/42

1306 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-42-1210
Date Filed 11-9-42

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

Signed C. E. Carlson

Licensed Embalmer No. 2576

P. O. Address Butler - 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.