

S. No. 2
1-9-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37727**

FILED DEC 9 1942
Registration District No. **270**

Primary Registration District No. **5909**

Registrar's No. **81**

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

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 Mi. West of Caruthersville
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALICE CROSSLEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 9th
 year 1942 hour 4 minute 30 A.M.

4. Sex F 5. Color or race Black 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Warren Crossley 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased February 1, 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-8-1942 to 11-8-1942
 that I last saw her alive on 11-8-1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
37 9 8 _____ hr. _____ min.

Immediate cause of death Spinal Wound
 Due to _____
 Due to _____

9. Birthplace Pine Bluff, Ark.
(City, town, or county) (State or foreign country)

Other conditions 184
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John Williams
 13. Birthplace Pine Bluff, Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Ginger Merritt
 15. Birthplace Pine Bluff, Ark.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations 37
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Warren Crossley

22. If death was due to external causes, fill in the following:

(b) Address Caruthersville, Mo.

(a) Accident, suicide, or homicide (specify) Accident 078

17. (a) Burial (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence 11-8-42

(c) Place: burial or cremation Caruthersville, Mo.

(c) Where did injury occur? Caruthersville, Mo.
(City or town) (County) (State)

18. (a) Signature of funeral director LaForge Und. Co.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

(b) Address Caruthersville, Mo.

23. Signature J. D. De... (M. D. or other) 11-11-42

19. (a) 11-11-1942 (b) Jessie M. Markey
(Date received local registrar) (Registrar's signature)

Address Caruthersville, Mo. Date signed 11-11-42

Rob (Licensed Embalmer's Statement on Reverse Side)

12-42-23

AUG 23 1945

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

NOT EMBALMED

Signed.....

J. S. Schuman

Licensed Embalmer No.....

P. O. Address.....

Cynthiana, 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.