S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 268

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-9-06 4396

Dr. Killion 7178

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Wardell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(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) I2 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Wardell Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Jasper Cromwell

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie Della Cromwell

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

7. Birth date of deceased February (Month) 8, (Day) I874 (Year)

8. AGE: Years 68 Months II Days I2 If less than one day hr. min.

9. Birthplace Wayne, Co., (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Sidney Cromwell
13. Birthplace Murray, Co., (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Rachell E. Woody
15. Birthplace Middle, (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant R. H. Cromwell
(b) Address Wardell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville, Mo.

19. (a) 3-1-43 (Date received local registrar) (b) J L Creasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th, year I943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 25, 1943, to Jan 27, 1943 that I last saw him alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Chronic Nephritis (Malignant Hypertension) — Duration 7

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131 b

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 John J Killion (M. D. or other)
Address Portageville Mo Date signed 1-28-43

(Licensed Embalmer's Statement on Reverse Side)

591

~~2-40-43~~

2-40-43

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~~ XXX

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

working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.