S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17481

FILED JUN 12 1943

Registration District No. 1

Primary Registration District No. 3008

Registrar's No. 138

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

4
1
2

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West 7th St 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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1 Mile West 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D? # 4 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MATILDA CROSBY

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 19 (Day) 1870 (Year)

8. AGE: Years 72 | Months 6 | Days 18 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Ausfahl
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Teill
15. Birthplace ..... Pa. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dennis Callahan
(b) Address Fulton, Mo. R.R.3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Leo G Wallace
(b) Address Fulton Mo

19. (a) May 8-1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour 10 minute 25 P M.

21. I hereby certify that I attended the deceased from Dec 7 1942 to May 7 1943
that I last saw her alive on May 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Cardiac Asthma

Due to Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93e

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 0

23. Signature D M Crews (M. D. or other)

Address Fulton Mo Date signed 5/8/43

(Licensed Embalmer's Statement on Reverse Side)

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 Leo G Wallace

Licensed Embalmer No. Fun 3373

P. O. Address Fulton, M

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.