

LED MAY 20 1943

274

Primary Registration District No. 3052

Registrar's No. 142

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1504 E 7TH  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 YR.  
In this community 20 YR.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1504 E 7TH  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ROSA MALCOLM CRYSTAL

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 WID.  
6. (b) Name of husband or wife ROBERT 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased AUG. 24 - 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 1 If less than one day hr. .... min.

9. Birthplace RICHMOND VA. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business  
12. Name JOHN NOBLE  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name LAURA VAUGHAN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. E.T. ALCORN  
(b) Address SEDALIA MO

17. (a) BURIAL (b) Date thereof 4-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Edo Hillard  
(b) Address Sedalia, Mo.

19. (a) 4/27/43 (b) Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 25  
year 1943 hour 9 minute 1:30 P. M.  
21. I hereby certify that I attended the deceased from Apr 23  
1943 to Apr 25 1943  
that I last saw he alive on Apr 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocarditis  
Coronary occlusion  
Arteriosclerosis  
Due to 3 da  
years

Other conditions (Include pregnancy within 3 months of death) 9301  
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?

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature G. L. Walter (M. D. or other) M.D.  
Address Sedalia Mo Date signed 4-27-43

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

80  
6  
4

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-19-43

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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 L. E. Boulbin  
.....  
Licensed Embalmer No. 3867  
P. O. Address Seebach 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.**