

FILED AUG 4 1943
Registration District No. 295

Primary Registration District No. 4443

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: _____
(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 Missouri (b) County Randolph

(c) City or town Huntsville
(If outside city or town limits, write "RURAL")

(d) Street No. Water Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delphia Joe Crutchfield

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 Widowed

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

7. Birth date of deceased November 25 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>6</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Joe Robertson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Philitha Gaines

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Curry
(b) Address Lamar, Arkansas

17. (a) burial (b) Date thereof 6/18/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Henry Cemetery

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo

19. (a) 7-1-43 (b) Mrs. P. V. Drueger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1943 hour 10:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 10 1943 to June 16 1943 that I last saw her alive on June 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Arteriosclerosis several years

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 83a

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? _____ (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. H. O. Huston (M. D. or other) DD
Address Huntsville Mo Date signed 6/30/43

Duration _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 8-43-1203

Date Filed AUG 3 1943

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Hunterville

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.