

FILED OCT 7 1943

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 87

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

1. PLACE OF DEATH
 (a) County Dunklin Mo.
 (b) City or town Summit, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
County Farm Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 mos.
 (Specify whether
 In this community _____
 years, months or days)

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

3. (a) PRINT FULL NAME LIG. CROSNOE
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 7100

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 23
 year 1943 hour 2 minute 30 P.M.

4. Sex Male 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: April 15 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 19 1943 to Sept 23 1943
 that I last saw him alive on Sept 22 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 8
 If less than one day _____ hr. _____ min.

Immediate cause of death: Uremia 10 days
 Due to Prostatic Hypertrophy with Retention of Urine
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 3 mo

9. Birthplace: Linden Tenn
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 137a

10. Usual occupation: Farm Laborer

Major findings: 137a

MOTHER FATHER
 11. Industry or business _____
 12. Name Henry Crosonol
 13. Birthplace Perry Co Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Thelma M. Gal
 15. Birthplace Perry Co Tenn
 (City, town, or county) (State or foreign country)

Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant E. O. Hall
 (b) Address Summit 7110
 17. (a) Rural (b) Date there Sept 24 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Melvin Taylor

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 2

18. (a) Signature of funeral director L. H. and Co
 (b) Address Summit, Mo
 19. (a) Sept 24 43 (b) J. W. Blankenship
 (Date received local registrar) (Registrar's signature)

23. Signature George Beckman D O (M. D. or other)
 Address Summit 7110 Date signed 9-23-43

701

RECEIVED

District Health Office No. 2,

District File Number 1043-1248

Date Filed 10-5-43

OCT 8 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. (107) Primary Registration District No. (5422)

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

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

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

4. Sex m 5. Color or race W
 6. (a) Single, widowed, married, divorced w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 15 1916
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days _____ If less than one day _____ min.
 9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 9-24-43 (b) Jubal Blandish
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 14 year 1943 hour _____ minute _____ M.
 21. I hereby certify that I examined the deceased from _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

31502