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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38225

Registration District No. 132 Primary Registration District No. 5477 Registrar's No. 161

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Route 5 Trenton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. R7D#5 Madison Twp
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Calistine Criswell

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife William Criswell

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

7. Birth date of deceased Nov (Month) 28 (Day), 1854 (Year)

8. AGE: Years 88 Months 11 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Joseph Hoskins
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Bond
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Joah Hobbs
(b) Address Trenton Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Gees Creek Cemetery

18. (a) Signature of funeral director Dave Irvine Hoag
(b) Address Trenton Mo.

19. (a) 11-27-43 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th year 1943 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 8-26- 1943 to 11-26- 1943 that I last saw her alive on 11-18- 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to	
Due to Fracture Left Femur	
Other conditions Fr L (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186 a

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) Fr Leg Fall

(b) Date of occurrence 11-6-43

(c) Where did injury occur? Grundy Co - Grundy Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature Wm A Fuson (M.D. or other) MD

Address Trenton Mo Date signed 11-26-43

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.