G. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 348

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6176 45 09

State File No. 12345

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Humphrey ~~Taylor Twp.~~ (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 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Missouri (b) County Sullivan 0

(c) City or town Humphreys Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Taylor Twp. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mabel Virginia Crouse

3. (b) If veteran, name war NO.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife David L. McNealy

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

7. Birth date of deceased November 28 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Doylestown (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Benton Springer
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Mary Baldridge
15. Birthplace St. Charles CO. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Virginia McNealy

(b) Address Denver, Colo.

17. (a) Burial (Burial, cremation, or removal) Lovell Cem. Milan (b) Date thereof March 24/44 (Month) (Day) (Year)

(c) Place: burial or cremation Lovell Cem. Milan.

18. (a) Signature of funeral director Schoene's

(b) Address Milan, Missouri Frank D.

19. (a) April 6 1944 (Date received local registrar) (b) Mrs. John Todd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1944 hour 6 minute 30p.m. M.

21. I hereby certify that I attended the deceased from 1943 19 to March 24 1944 that I last saw her alive on March 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure with chronic pulmonary tuberculosis. Duration about 15 years

Due to

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

13 pl

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. S. Montgomery (M. D. ~~or other~~)

Address Milan Mo. Date signed 4-1-44

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(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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Missouri

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.