

3. No. 2  
1-342  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37356

FILED NOV 28 1944

Registration District No. 25 Primary Registration District No. 5071 Registrar's No. 57

1. PLACE OF DEATH:  
(a) County Barton  
(b) City or town Nashville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 years (Specify whether  
In this community 62 years (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barton  
(c) City or town Nashville  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Emma Crouch  
3. (b) If veteran, name war No. 3. (c) Social Security No.

20. DATE OF DEATH: Month Oct. day 11th year 1944 hour 11 minute 30 p.m.

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 June 4, 1849 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-6-1944 to 10-11-1944 that I last saw her alive on 10-9-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to  
Due to 108  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

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

8. AGE: Years Months Days If less than one day  
95 4 7 hr. min.

9. Birthplace Willisburg Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Claud Crouch  
(b) Address Nashville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Mo.

18. (a) Signature of funeral director E. A. Smith  
(b) Address Pittsburg, Kansas

19. (a) 10-14-44 (Date received local registrar) (b) Martha River (Registrar's signature)

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  
23. Signature W. H. Knott (M. D. or other)  
Address Jasper, Mo. Date signed 10-14-44

1179

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 1144-1231

Date Filed NOV 24 1944

---

---

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. 3969

P. O. Address Pittsburgh, Pa.

**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.**