

FILED APR 9 1946
Registration District No. **1**

Primary Registration District No. **5433**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin Union
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 1 1/2 yrs
 years, months or days)

3. (a) PRINT FULL NAME William H. Crossman
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex MD 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Lydia Crossman 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Jan 1 1882
 (Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Vandalia Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

MOTHER FATHER
 11. Industry or business _____
 12. Name Joel Crossman
 13. Birthplace United States
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann and A. Ross
 15. Birthplace United States
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Lydia Crossman
 (b) Address Bedford Mo

17. (a) Burial (b) Date thereof Feb 5 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blanch Mo
 18. (a) Signature of funeral director E. F. Lemme
 (b) Address Bedford Mo

19. (a) 1946 (b) J. P. Cooper
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
 (c) City or town Rural
 (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 Feb day 2
 year 1946 hour _____ minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 45 to Feb 2, 1946
 that I last saw him alive on Jan 16, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myocarditis
 Duration Not known

Due to _____
 Due to _____
 Other conditions Coron Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations No operation
 Of autopsy No autopsy

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Matthews (M. D. or Agency)
 Address Bedford Mo Date signed 2/3/46

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-8-46

DEC 13 1946

APR 10 1946

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 _____

E. H. Temme

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *E. H. Temme*

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.