

No. 2
5-5-43
5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9817
Registrar's No. 95

FILED APR 6 1946

Primary Registration District No. 5568

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

1. PLACE OF DEATH: Jackson

(a) County Rural Blue

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

(c) Name of hospital or institution: 1242 Hardy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME BESSIE CRITCHFIELD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Ora Critchfield

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 20 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Thurm Small

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Gillispie

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Critchfield

(b) Address 1242 Hardy

17. (a) (Burial, cremation, or removal) Removal (b) Date thereof 3-13-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Missouri

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) Mar. 16 1946 (Date received local registrar)

James O'Neal (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1242 Hardy (If rural, give location) NO

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13 year 1946 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 15th 1946 to Mar 13 1946
that I last saw her alive on Mar 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis Liver

Due to Unknown

Due to Hypostatic pneumonia

Other conditions Hypostatic pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 246

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 James O'Neal (M. D. or other) O

Address Independence Mo Date signed 3-13-46

354 (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

George B. Cannon

Licensed Embalmer No. *27969*

P. O. Address *Judip. 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.