

Registration District No. 192

Primary Registration District No. 57-0-6430J

Registrar's No. 10

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Anderson
(c) Name of hospital or institution:
Bush Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald
(c) City or town Anderson Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Fidelia Neola Cruch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 4th 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Des Moines Iowa U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

12. Name George Edgett

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

14. Maiden name Clara Sharp

15. Birthplace New York U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothy Trause

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 2-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo

18. (a) Signature of funeral director Charles Williams

(b) Address Anderson Mo

19. (a) 2-27-1946 (b) Wiley Doppa
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th
year 1946 hour 8.40 minute A.M.

21. I hereby certify that I attended the deceased from 2/14/46
1946 to 2/20/46 19____
that I last saw her alive on 2/20/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia
Due to Pneumococcus

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Wiley Doppa (M.D. or other) _____
Address Anderson, Missouri Date 2/20/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 6,
District File Number 346-220
Date Filed MAR 27 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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.