

U.S. No. 2
FORM-8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
STANDARD CERTIFICATE OF DEATH

State File No. **12386**
Registrar's No. **105**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH
(a) County **Callaway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **State Hospital No. 1-2**
(d) Length of stay: In hospital or institution **1 m 3 d**
In this community **1 m 3 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Scotland**
(c) City or town **Greensburg**
(d) Street No. **1**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Nancy C. Crouch**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **5**
year **1946** hour **12-55** minute **P.** M.
21. I hereby certify that I attended the deceased from **2-27-46** to **3-5-46**
that I last saw h. ~~is~~ alive on **3-5-46**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J.P. Crouch**
6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **Nov. 16 1865**

Immediate cause of death **Pericardial Pneumonia**
Due to **myocarditis**
Other conditions _____
Major findings: Of operations _____
Of autopsy **101**

8. AGE: Years **80** Months **3** Days **19**
9. Birthplace **Schuyler Co Mo**
10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **William Cuders**
13. Birthplace **Va.**
14. Maiden name **Betty Carl**
15. Birthplace **Ky.**
16. (a) Informant **Record**
(b) Address _____
17. (a) ~~burial~~ (b) Date thereof **Mar 7 46**
(c) Place: burial or cremation **Memphis Mo**
18. (a) Signature of funeral director **Albert C. Smith**
(b) Address **Memphis Mo**
19. (a) **3-5-1946** (b) **Jose Morant Hoff**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ (Specify type of place) (d) Means of injury _____
Signature **Jose Morant Hoff** (M. D. or other) **3-5-46**
Address **Fulton Mo** Date signed **3-5-46**

38 (Licensed Embalmer's Statement on Reverse Side)

14
1
2
11295
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-19-46

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 Albert C. Gerth

Licensed Embalmer No. 4537

P. O. Address Memphis 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.