

Registration District No. **200**

Primary Registration District No. **3041**

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon

(c) Name of hospital or institution:
Samaritan 0
(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 Macon 61

(c) City or town Macon
(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 _____

3. (a) PRINT FULL NAME Joseph N. Crutchfield

3. (b) If veteran, name war Joseph N. 3. (c) Social Security No. _____

4. Sex M.O. 5. Color or race w

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

6. (b) Name of husband or wife Burtha Chitwood Crutchfield 6. (c) Age of husband or wife 37 years

7. Birth date of deceased July 13, 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1946 to Dec 4, 1946 that I last saw him alive on Dec 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Uremia

8. AGE: Years 71 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co., Mo
(City, town or county) (State or foreign country)

10. Usual occupation Coal & Transfer

11. Industry or business _____

12. Name George Crutchfield

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

14. Maiden name Mary Jane Mallock

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

16. (a) Informant Dor W. S. Crutchfield
(b) Address Macon Mo.

17. (a) Burial (b) Date thereof 12-6-1946
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Woodchatter Cem

18. (a) Signature Stephens & Gooding
(b) Address Macon Mo

19. (a) 12/12/46 (b) Ruth McNeely
(Date received local registrar) (Registrar's signature)

Duration 5 Days
1 Day

Due to _____

Due to _____

Other conditions Residual Pulmonia 14 days
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy 61

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 Edward Miller (M. D. or other) _____
Address Macon Mo Date signed 12/9/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12-17-46
40055

DEC 1 8 1942

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..... *O. L. Stephens*

Licensed Embalmer No. *3057*

P. O. Address *Marion, 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.