. No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 40[illegible] Primary Registration District No. 4051 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Hallsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home in Hallsville 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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Hallsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES C. CRICTHFIELD
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April (Month) 12 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	8	21	hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Kept a Filling Station
11. Industry or business
FATHER
12. Name Albert Critchfield
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Lydia J. Lampford
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Mrs. Lucy Critchfield
(b) Address Hallsville Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia Mo
19. (a) Jan. 5 1947 (Date received local registrar) (b) Mrs. G. L. Shock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-20-44, 19, to 1-3-47, 19; that I last saw him alive on 1-3-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Hypertension and
Due to Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

94 A

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? — (Specify type of place)
While at work? — (e) Means of injury 2
23. Signature P. O. Baker D.O. (M. D. or other)
Address Centralia Mo Date signed 1-5-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 1-13-42

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 Thos. L. Zan

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.