. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1947

Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32253

Primary Registration District No. 6075

Registrar's No. 328

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town River Mines, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(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 Missouri (b) County St. Francois 94

(c) City or town Elvins, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 301 Hampton St. 1
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME EDMOND CROUCH

3. (b) If veteran, name war .....

3. (c) Social Security No. 493-03-9094

4. Sex M 0

5. Color or race W.

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mrs. Bertha Mathis Crouch.

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June (Month) 7 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	3	2.	..... hr. ..... min. 0

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

10. Usual occupation Miner

11. Industry or business St. Joseph Lead Co.

FATHER
12. Name Mr. Charles Crouch. 0
13. Birthplace Dent Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Boon 0
15. Birthplace Dent Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Crouch (wife).
(b) Address 301 Hampton St. Elvins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic - Bismarck, Mo.

18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.

19. (a) 9-30-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 7/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from —
— 19.... to — 19....
that I last saw h— alive on — 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury Verdict: due to any unavoidable accident

Due to crushed chest & right forearm.

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

1947 8

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 94

(b) Date of occurrence Sept. 9, 1947

(c) Where did injury occur? Flat River, St. Francois, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (St. Joseph Lead Mines) (Specify type of place)

While at work? yes (e) Means of injury crushed chest 3

23. Signature Earl J. Miller (M. D. or other) Coroner

Address Farmington, Mo. Date signed 9/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1047-1281

Date Filed 10-6-47

MAY 13 1948

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 Alvin W. Hood

Licensed Embalmer No. 2780.

P. O. Address 303 Crane St. Flat Rivers, M

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.