

7. S. No. 300
60M-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16656**
Registrar's No. **133**

Registration District No. **127**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **McCune-Brooks Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution **1 month**
(Specify whether in this community years, months or days) **39 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carthage**
(If outside city or town limits, write "RURAL") **1**

(d) Street No. **1131 S. Orchard St.**
(If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **--**

3: (a) PRINT FULL NAME **RUTH BELLE CROSBY**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd**
year **1948** hour **9** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **8th May** 1948 to **3rd June** 1948.

that I last saw her alive on **3rd June** 1948 and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Ralph L. Crosby**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **May 14 1901**
(Month) (Day) (Year)

Immediate cause of death **Sepsis due to Gangrene of leg, Glutted and social work 3 weeks** Duration **3 weeks**

8. AGE: Years **47** Months **0** Days **19** If less than one day hr. min.

Due to **Thrombosis of the profunda to the leg** **6 weeks**

9. Birthplace **Fairfield Illinois**
(City, town, or county) (State or foreign country)

Due to **Thrombosis of the profunda to the leg** **6 weeks**
Amputation 16th April 1948

10. Usual occupation **housewife**

Major findings: **Gangrene of leg and social and physical signs 1948**

11. Industry or business **at home**

Physician **J. W. McNew**
Underline the cause to which death should be charged statistically.

12. Name **James A. Burroughs**

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

14. Maiden name **Margaret McLin**

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

16. (a) Informant **Ralph L. Crosby**

(b) Address **1131 Orchard St, Carthage, Mo**

17. (a) **burial** (b) Date thereof **June 6, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **6-5-1948** (b) **L. B. Clinton**
(Date received local registrar) (Registrar's signature)

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 _____

Signature **J. W. McNew** (M. D. or other) **MD**

Address **Carthage Mo** Date signed **6-4-48**

48-5-483

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.....

Emmal Stueell

Licensed Embalmer No.

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P. O. Address:

Carthage

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.