

Registration District No. 189

Primary Registration District No. 5702

State File No. _____

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Rural Mooresville Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 1/2 miles S. E. Mooresville, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 5 years.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 57
 (c) City or town Rural 1
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. 4 1/2 miles S.E Mooresville 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ervin Boise Crookshanks

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ina D. Pridmore 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: April 26 1892
 (Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 10 If less than one day
 hr. _____ min. _____

9. Birthplace Browning, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Floyd Crookshanks

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

14. Maiden name Martha Cawood

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

16. (a) Informant Mrs. E. B. Crookshanks

(b) Address R. R. #1; Ludlow, Missouri

17. (a) Burial (b) Date thereof 4-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. 5-12-48 (b) Kathleen Potts
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
 year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1948, to April 6 1948; that I last saw him alive on April 6 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
 Due to arteriosclerosis

Due to _____

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

Major findings: Of operations _____
 Of autopsy _____

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 Dr. J. Russell (M.D. or other) _____

Address Chillicothe, Mo Date signed 4/9/48

Duration

45 mi

90 pages

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1900 JAN 1901

[Handwritten notes and signatures, including "H.C. ...", "Cameron, Mo.", and "Missouri"]

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *Elton J. Roman*.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.

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.

[Handwritten notes and signatures at the bottom left]