

FILED JAN 11 1946
Registration District No. 316

Primary Registration District No. 6074

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town DESLOBE *(Rural, give location)*
(c) Name of hospital or institution: 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 _____ years, months or days

3. (a) PRINT FULL NAME ALICE CRUNCLETON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 17 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 5 If less than one day hr. _____ min. _____

9. Birthplace SPOTT MO
(City, town, or county) (State or foreign country)

10. Usual occupation CARE OF HOME

11. Industry or business NONE

12. Name THOMAS J. WALSTON

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

14. Maiden name MARRY HUTCHINGS

15. Birthplace NEAR BONNETT MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PARK PATT.

(b) Address DESLOBE MO

17. (a) BURIAL (b) Date thereof 12-14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARVIN CHAPPEL

18. (a) Signature of funeral director E. J. B. Beyer

(b) Address DESLOBE MO

19. (a) 12-24-45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS
(c) City or town DESLOBE *(If outside city or town limits, write "RURAL")*
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12
year 1945 hour 4 minute 30 AM

21. I hereby certify that I attended the deceased from 1940 to 12-12-1945, 19 _____
that I last saw him alive on DEC 1 1945, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
Breast 5 yrs
Duration

Due to _____

Due to _____

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

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

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? None

(Specify type of place)

While at work? _____ (e) Means of injury 12-12-45

23. Signature W. J. B. Beyer (M. D. or other)

Address Desloge MO Date signed 12-13-45

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

RECEIVED

District Health Officer No. 4

District File Number 146-1556

Received 1-9-46

JUN 18 1946

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

C. Z. Rogers

Licensed Embalmer No. 1671

P. O. Address. Henlage 9110

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.