

1. PLACE OF DEATH:
(a) County Salt Lake
(b) City or town Salt Lake City
(c) Name of hospital or institution: 887 - 1st Avenue
(If outside city or town limits name Precinct)
(If not in hospital or institution give street number or location)
(d) Length of stay: In hospital or institution 86 Years
In this community 86 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake City
(If outside city or town limits write RURAL)
(d) Street No. 887 - 1st Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A. 86 years.

3. (a) FULL NAME EBENEZER CROUCH
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married or divorced Widowed
(b) Name of husband or wife Marv P. Crouch
6 (c) Age of husband or wife if alive _____ years.
7. Birth date of deceased September 23, 1850
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
91 10 12 hr. min.

9. Birthplace Kent, England
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Ebenezer Crouch

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

14. Maiden name Sarah Russell

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

16. (a) Informant's own signature W. G. Rockwood
(b) Address 887 - 1st Ave.

17. (a) Burial (b) Date thereof Aug. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Mortuary Larkin Mortuary Co.
(b) Signature of funeral director W. G. Rockwood
(c) Address Salt Lake, Utah Telephone No. 241

(e) Was body embalmed? Yes (f) Embalmer's License No. 241

19. (a) Aug. 5, 1942 (b) W. G. Rockwood
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: (Month, day, and year) August 5, 1942
21. I HEREBY CERTIFY, That I attended deceased from Jan 12 to August 5, 1942
I have not seen him alive on August 5, 1942
death occurred on the date stated above, 9:50 A. M. DURATION

Immediate cause of death Cancer stomach

Due to _____

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? _____ (e) While at work? _____

(f) Means of injury _____
(Specify type of place)

23. Signature W. G. Rockwood (M.D. or other) _____

816 19 8 Address S. W. C.

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

MARGINE WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

MOTHER FATHER

STATE ARCHIVES LINK - THIS IS A PERMANENT RECORD.