

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41529  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Gasper Registration District No. 406  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4240 Registered No. \_\_\_\_\_  
 (c) City Carl Junction (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Mary L Crooks Owen  
 (a) Residence, No. Carl Junction Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 FATHER 13. NAME Washington Crooks  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 MOTHER 15. MAIDEN NAME Mary Davis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT (ADDRESS) James Wood  
Carl Junction  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sanvale Mo DATE 11-27 1937  
 19. FUNERAL DIRECTOR (ADDRESS) Hughes and Co  
Joplin Mo  
 20. FILED Nov 26 1937 C. W. Rowley  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1937, to 11-24, 1937  
 I last saw her alive on 11-24, 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Asteriasclerosis Date of onset \_\_\_\_\_  
97  
 Other contributory causes of importance:  
Suprauricular cyst  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Ed J. James, M. D.  
 (Address) Joplin Mo

N. B.—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.

STATEMENT BY LICENSED EMBALMER

I, Steve Parker, Licensed Embalmer No. 2548

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Steve Parker

L. E. for Hurlbut and Co

No. 2548 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. 2548

**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.)**