

DEC 23 1937

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

41992

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township _____ Primary Registration District No. 4363
(c) City Neosho (d) Street No. Sale-Bowman Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 33 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 1252. PRINT FULL NAME Richard Ratliff Crowder

(a) Residence, No. Neosho, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3rd. 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as saw mill, bank, etc. clothing
10. Date deceased last worked at this occupation (month and year) Oct. 1937 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

13. NAME Richard L. Crowder

14. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lila Ratliff

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Lila Crowder
(ADDRESS) Neosho, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.F. Cemetery DATE Nov 21. 1937

19. FUNERAL DIRECTOR The Bigham Mortuary
(ADDRESS) Neosho, Missouri.

20. FILED 11-26 1937 Onalaska
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 193722. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1937, to Nov 19, 1937

I last saw him alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

Streptococcus pyogenes
Following Streptococci
Diphtheria
Cerebral spinal meningitis
Spinal fluid 2+

Other contributory causes of importance:

G. E. Infection
Aug 11 1937

Date of onset

Oct 8
1937

Unknown

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) C. E. Mueser, M. D.

(Address) Neosho Mo

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19

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STATEMENT BY LICENSED EMBALMER

I, J.A. Bigham, Licensed Embalmer No. 2689

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Keith Collier

L. E.

No. 3633 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed J.A. Bigham

Licensed Embalmer No. 2689

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.)