

REC'D APR 19 1938

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

10631

Do not use this space.

1. PLACE OF DEATH

(a) County Hunkler Registration District No. 282
 (b) Township Campbell Primary Registration District No. H166 Registered No. 12
 (c) City Campbell (d) Street No. _____ 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

Charles A. Crow 600
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 11 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Mo.

FATHER 13. NAME Levi Crow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Arranda Rodden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Emma Crow Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo DATE 3/22 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell Mo

20. FILED 3/20 1938 C. W. Campbell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1938

22. I HEREBY CERTIFY That I attended deceased from March 1 1938 to March 20 1938

I last saw him alive on March 20 1938 Death is said

to have occurred on the date stated above, at 12:30 PM.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease

Other contributory causes of importance: 92 w

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? No

If so, specify _____

(Signed) W. J. Rutledge M. D.

(Address) Campbell, Mo.

STATEMENT BY LICENSED EMBALMER

I, E. W. Sanders, Licensed Embalmer No. 2289

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. W. Sanders

Licensed Embalmer No. 2289

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.)