

REC'D JAN 13 1938

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

41707  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Howe Primary Registration District No. 1002  
(c) City H.C. (d) Street No. 2532 West Registered No. 4773  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
2. PRINT FULL NAME Lucy M. Crews  
(a) Residence, No. 2532 West 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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floyd Crews  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1873  
7. AGE YEARS 65 MONTHS 2 DAYS 7 If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nothing  
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) Boone County Mo. (STATE OR COUNTRY)

FATHER  
13. NAME Ephraim Rollins  
14. BIRTHPLACE (CITY OR TOWN) Boone County Mo. (STATE OR COUNTRY)  
MOTHER  
15. MAIDEN NAME Margaret J. Taylor  
16. BIRTHPLACE (CITY OR TOWN) Kentuckia (STATE OR COUNTRY)

17. INFORMANT Emory Hamilton (ADDRESS) H.C. Mo.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACES Harvard Mo DATE 12-9-38  
19. FUNERAL DIRECTOR (NAME) H. Pageman (ADDRESS) H.C. Mo.  
20. FILED Dec 8 1938 M.M. Grover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6th 1938  
22. I, HEREBY CERTIFY, That I attended deceased from 12/2/38, 19... to 12/6, 19...  
I last saw him alive on 12/6, 19... Death is said to have occurred on the date stated above, at 1.40 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Respiratory Paralysis  
Other contributory causes of importance:  
Chronic Pulmonary Emphysema

Date of onset 12/6/38

Name of operation..... Date of.....  
What test confirmed diagnosis? Stomach Was there an autopsy? No

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) Dr. John Hill, M. D.  
(Address) 3034 Harrison

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**