

REC'D FEB 6 1939

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

2041

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton. Registration District No. 208
 (b) Township Shoal. Primary Registration District No. 5287 Registered No. 1
 (c) City..... (d) Street No..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Zachariah Crow,

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 25, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 9 6

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) Coffeyville
 (STATE OR COUNTRY) Kansas

13. NAME Zachariah C. Crow

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Wm. Z. Crow
 (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Jan, 4 '39.

19. FUNERAL DIRECTOR Lyle C. Allen.
 (ADDRESS) Cameron, Mo.

20. FILED 1/2 # 39 19 39 St. Joseph
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938 in Jan., 1, 1939, 19...
 I last saw him alive on IO, 30, 19 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) W. J. Bonafant, M. D.
 (Address) 185 St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lyle C. Allen, Licensed Embalmer No. 824

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lyle C. Allen
Licensed Embalmer No. 824

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.)