DEC'D FEB 24 1939

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

2792
Do not use this space.

1. PLACE OF DEATH

(a) County Knox — Registration District No. 441

(b) Township Liberty — Primary Registration District No. 6243 — Registered No. 2

or

(c) City Edina Mo. (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 650 Charles Henry Crim

(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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-14-1939

7. AGE — YEARS — MONTHS — DAYS 5 ~~6~~ — If LESS than 1 day, 6 hrs. or ..... min.

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

FATHER
13. NAME George Wm Crim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo

MOTHER
15. MAIDEN NAME Juanita Kline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo.

17. INFORMANT (ADDRESS) Geo. Crim Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Davis Cemetery DATE 1-21-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Keith Hudson Edina Mo.

20. FILED Jan 20 1939 Mrs. C.M. Smith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1939, to Jan. 19, 1939
Last saw him alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

Congenital Debility — Date of onset —

158

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? none 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) Graham Bray D.O. ~~M.D.~~
295 (Address) Edina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-67
Date Filed FEB 13 1939

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 com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.