

REC'D AUG 17 1939 24

Registration District No. _____

Primary Registration District No. 5449

Registrar's No. _____

1. PLACE OF DEATH: GREENE

(a) County: GREENE

(b) City or town: BRIGHTON, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Greene

(c) City or town: Brighton (If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. #1 (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME: MELVINA CRABTREE

3. (b) If veteran, name war: (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1939 hour 6 minute 15 P. M.

4. Sex: Female

5. Color or race: white

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Sep 5 1867 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1939, 19, to July 31, 1939; that I last saw her alive on June 30, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Colitis Duration 3 mo

8. AGE: Years 71 Months 10 Days 26 If less than one day _____ hr. _____ min.

Due to: _____

Due to: _____

9. Birthplace: Mich. (City, town, or county) (State or foreign country)

10. Usual occupation: House work In her own home

Other conditions: Acute Rheumatism (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business: _____

12. Name: Wm. Tillman

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Mary H. Parker

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations: none

Of autopsy: none

PHYSICIAN _____ Underline the cause to which death should be charged statistically

16. (a) Informant's own signature: Mrs. Maggie Love

(b) Address: Brighton Mo.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Aug 1 - 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Patterson Cemetery

18. (a) Signature of funeral director: _____ (b) Address: Springfield Mo.

19. (a) Date received local registrar: Aug 17 1939 (b) Registrar's signature: Massey Freeman

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): none

(b) Date of occurrence: _____

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: R. F. Freeman (M. D. or other) _____

Address: _____ Date signed: 8/17/39

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.

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. 3858

P. O. Address Springfield, Mo.

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.