

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

25813  
 Do not use this space.

REC'D AUG 22 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 5554 Registered No. 217  
 (c) or City Blue (d) Street No. 1712 Crescent 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Dora Bell Cromwell

(a) Residence, No. 1712 Crescent Fairland Heights St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Level H. Cromwell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 - 1860  
 7. AGE YEARS 78 MONTHS 7 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
 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) Ossoli Iowa  
 FATHER 13. NAME John McGaw  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa  
 MOTHER 15. MAIDEN NAME Louise Selder  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT (ADDRESS) Mrs. Nellie W. Estmore 1712 Crescent  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE July 11, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cott + Mitchell Independence, Mo.  
 20. FILED July 11, 1939 F. L. Cook Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939  
 22. I HEREBY CERTIFY That I attended deceased from July 9, 1939, to July 9, 1939  
 I last saw him alive on not at all, 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:  
Coronary thrombosis Date of onset 9/4  
sudden death  
The circumstances surrounding the death of the woman appeared all bright with family are strangers to me but I have several papers in the name of the family who know  
 Other contributory causes of importance:  
 Name of operation: Date of: What test confirmed diagnosis: from Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury....., 19.....  
 Where did injury occur? No injury (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?  
 If so, specify (Signed) Robert Green M. D. (Address) Independence Mo.

K. 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.**