

1890 SEP 12 1939

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

28655  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 886  
(c) City St. Joseph (d) Street No. St. Joseph's Hospital 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. 5 mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Patrick Crowley

(a) Residence, No. \_\_\_\_\_ St.  Rapid City, S. Dakota.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Crowley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 7, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saddle Maker  
9. Industry or business in which work was done, as saw mill, bank, etc. Duhamel Saddle Co.  
10. Date deceased last worked at this occupation (month and year) June 1939 11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (CITY OR TOWN) Philadelphia  
(STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME David Crowley  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Coughlin  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. W. J. Raidt  
(ADDRESS) Street R.R. Co. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rapid City, S.D. DATE Aug. 30, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug 30, 1939 H. J. Westebush  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to Aug 29, 1939  
I last saw him alive on August 29, 1939. Death is said to have occurred on the date stated above, at 4:25 P.m.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
Arteriosclerosis of the jaw, right  
which was inoperable

Date of onset

Aug 29

Other contributory causes of importance:

Age 45

Name of operation None 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) Malcolm P. McDonald, M. D.  
(Address) 301 N. 8th St.

WRITE 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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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.**