

REC'D SEP 7 1939

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

28975
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 225
(b) Township SALINE Primary Registration District No. 5806
(c) City GOOCH'S MILL or GOOCH'S MILL (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 612 FANNIE GRAVES

(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 FEMALE	4. COLOR OR RACE NEGRO	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE GRAVES				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 15 - 1840				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	98	10	24	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT			
	9. Industry or business in which work was done, as saw mill, bank, etc. HOME			
	10. Date deceased last worked at this occupation (month and year) AUG - 1939		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY (STATE OR COUNTRY) MISSOURI				
FATHER	13. NAME AUSTIN CROWLEY			
	14. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME QUEEN JOHNSON			
	16. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY)			
17. INFORMANT PRICE OVERTON (ADDRESS) GOOCH MILL, MO.				
18. BURIAL, CREMATION, OR REMOVAL PLACE CLARK'S FORK CEM. DATE AUG. 11 , 19 39				
19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE, MO.				
20. FILED Aug 15 , 19 39 W. C. Hooper Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG. 8**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1939 to Aug 8 - 1939
I last saw deceased alive on Aug 7 - 1939 Death is said to have occurred on the date stated above, at 12:45 pm
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 8/7/39

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) **A. C. Meredith**, M. D.

Address **Prague, Stone Mo**

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.

I X16603

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/5/39

M. F. ...

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.