

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X16605

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.

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

32777
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 449
 (b) Township..... Primary Registration District No. 4267 Registered No.....
 (c) or City LEBANON (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

ROBERT F CROW
 (a) Residence, No. 214 MORRIS ST. 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) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ETHEL BALLARD
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 16-1892
 7. AGE YEARS 47 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 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) LEBANON MO
 FATHER 13. NAME HENRY CROW
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LEBANON MO
 MOTHER 15. MAIDEN NAME LAURA LORANCE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LEBANON MO
 17. INFORMANT (ADDRESS) Mr R F Crow
LEBANON MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE LEBANON MO DATE SEPT 28 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) PALMER'S
LEBANON MO
 20. FILED 9-27-39 J. A. McComb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 26 1939
 22. I HEREBY CERTIFY, That I attended deceased from 9/9 1939 to 9/26 1939
 I last saw him alive on 9/26 1939. Death is said to have occurred on the date stated above, at 2:15 P.
 The principal cause of death and related causes of importance were as follows:
Hyperstatic Pneumonia Date of onset 1
 Other contributory causes of importance:
Typhoid & nephritis
 Name of operation none Date of.....
 What test confirmed diagnosis? 994 record 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 none
 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) J. L. Berger, M. D.
 (Address) Lebanon, MO

557 218 1550

RECEIVED

District Health Officer No. 7,

District File Number 7-39-139

Date Filed 10-9-29

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. 1161

P. O. Address Selmon 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.