MAILED NOV 24 1939

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

36248
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 983
(b) Township Goldsberry — Primary Registration District No. 5534 — Registered No.
(c) City Mtn View, Mo (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 1020 Velma Dell Crouch
(a) Residence, No. Mtn. View, Mo. St.
(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 F
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 Glenn Crouch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-1915
7. AGE — YEARS 24 — MONTHS 1 — DAYS 30 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Ellington (STATE OR COUNTY) Reynolds, Co. Missouri

FATHER
13. NAME Harry Ferguson
14. BIRTHPLACE (CITY OR TOWN) Ellington (STATE OR COUNTRY) Reynolds, Co. Mo.

MOTHER
15. MAIDEN NAME Alice Watson
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

17. INFORMANT Glenn Crouch (ADDRESS) Mtn View, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mtn View Mo. DATE 10-31, 1939
19. FUNERAL DIRECTOR (NAME) John F Duncan (ADDRESS) Mtn View Mo.
20. FILED 11-2, 1939 G W Wingfield Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1939, to 10-30, 1939
I last saw h. alive on 7-17, 1939. Death is said to have occurred on the date stated above, at 6.6 m.
The principal cause of death and related causes of importance were as follows:
Septicemia, Date of onset 7-8-39
14D
Other contributory causes of importance: Abortion
Name of operation 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?
If so, specify
(Signed) T. E. Perrell, M. D.
(Address) Mtn View Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 X14028

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, Mrs or by Peggy Robinson,

Registered Apprentice No....., working under my personal supervision. West Plains Mo

RECEIVED

District Health Officer No

File Number 1139342

Filed 11839

Signed John L Duncan

Licensed Embalmer No 2516

P. O. Address Mtn View 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.