

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

41099
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 890

(b) Township St. Francis Primary Registration District No. 6188

(c) City _____ (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 632 DAVID CRITES

(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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Jessiah Crites

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>0</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

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) Bollinger Co Mo. (1)

FATHER

13. NAME Alfred Crites

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

MOTHER

15. MAIDEN NAME Barbra Barke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo.

17. INFORMANT (ADDRESS) Mrs Ida Southard Greenville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenville Mo DATE Nov 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yates & Coder Piedmont Mo.

20. FILED Nov 29 1939 Mabel Beasley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938 to Nov 13 1939

I last saw him alive on Aug 12 1938. Death is said to have occurred on the date stated above, at 2:50 pm.

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset 1834

54

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? no

If so, specify _____

(Signed) O.A. Meyer M. D.

(Address) Greenville, Mo.

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.

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} ~~me~~, or by.....

James Y. Coder

....., Registered Apprentice No.

working under my personal supervision.

Signed *William Coder*

Licensed Embalmer No. *3723*

P. O. Address *Redmont, 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.