

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

Dr. R. E. Brewer

3355
Do not use this space.

JAN 11 1940

1. PLACE OF DEATH *Phelps Co. 2* Registration District No. *L. 14*
 (a) County.....
 (b) Township..... Primary Registration District No. *Phelps 2* Registered No. *26*
 or
 (c) City *Newburg 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 *Miss Nancy Crain*
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 29, 1871</i>		
7. AGE YEARS <i>68</i>	MONTHS <i>10</i>	DAYS <i>26</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>at home</i>	
	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) <i>Phelps Co. Mo. 0</i>		
FATHER	13. NAME <i>Larkin Crain</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Phelps Co. Mo. 0</i>	
MOTHER	15. MAIDEN NAME <i>Harriett Hughes</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Phelps Co. Mo.</i>	
17. INFORMANT (ADDRESS) <i>John Crain Newburg Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mt Olive</i> DATE <i>12/27</i> 19 <i>39</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Mrs Harry McCaw Ralla Mo</i>		
20. FILED <i>Dec. 27</i> 19 <i>40</i> <i>Lee Johnson</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 25* 19*39*

I HEREBY CERTIFY, That I attended deceased from *December 24* 19*39* to *Dec 25* 19*39*
 I last saw him *3 resuscitated for only 1/2 hr.* alive on *1/24* 19*39*. Death is said to have occurred on the date stated above, at *8:24 a.m.*
 The principal cause of death and related causes of importance were as follows:
Apoplexy
87 W

Other contributory causes of importance:
No data

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? *No* 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) *R. E. Brewer*, M. D.
 (Address) *Newburg 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.

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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 ^{not} embalmed by me or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Mrs Harry McCair

Licensed Embalmer No.

1814

P. O. Address

Rolla 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.