DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3589

Registration District No. 769 Primary Registration District No. 6015 Registrar's No. 1

1. PLACE OF DEATH:

(a) County St Clair S

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME VIRGINIA-ARABELLE-HUNT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 74 (Day) 7862 (Year)

8. AGE: Years 77 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Cooper County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Crites
13. Birthplace X (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Jane Cordry
15. Birthplace Unknown (City, town, or county) X (State or foreign country)

16. (a) Informant's own signature Blanche L. Harrison
(b) Address Tiffin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Carolyn Nafus.
(b) Address 206 S Main El Dorado Spgs.

19. (a) Jan. 23, 1940 (Date received local registrar) (b) Mrs J W Richardson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 21 day year 1940 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 16-40, 19, to Jan. 21, 1940 that I last saw her alive on Jan. 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Locked Bowels

Due to Fecal Impaction

Due to Large Rupture in Abdomen

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury none

23. Signature J W Richardson (M. D. or other)

Address Tiffin Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 7
District File Number 2-40-268
Date Filed 2-14-40

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 Carolyn Nafus.

Licensed Embalmer No. 2635

P. O. Address El Dorado Springs

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.