

Registration District No. 218 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2208 W. Walnut
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days 650

8. (a) PRINT FULL NAME Mrs. Martha Crowe

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Crow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph Lamb

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alva F. Crowe
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo. 290

19. (a) 3/6/40 (b) Chas. A. Quirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2208 W. Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1940 hour 5 minute _____ p. M.

21. I hereby certify that I attended the deceased from Nov 3 1939 to March 4 1940
that I last saw her alive on March 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chor. neplastic Cardiac Failure
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Mechanism of injury _____
23. Signature W.D. Delzell (M. D. or other) _____
Address Springfield, Mo. Date signed 3/5/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

39
3
4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *L. Soalin Goman*
Licensed Embalmer No. 3177
P. O. Address *Springfield 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.