

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11512

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Aurora  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
221 West College St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
 (c) City or town Aurora  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 221 West College St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Alice P McCrellias 264

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

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Richard McCrellias  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 13 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 22 hr. min.

9. Birthplace ? Ill. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Carlton  
 { 13. Birthplace Not Known  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_  
 { 15. Birthplace Not Known  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alice P McCrellias  
 (b) Address Aurora Mo.

17. (a) Burial (b) Date thereof Mar 12, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King  
 (b) Address Aurora Mo.

19. (a) 3-15-40 (b) R. P. Coe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10  
 year 1940 hour 12 minute 01 P. M.

21. I hereby certify that I attended the deceased from April 7, 1937, to March 10, 1940  
 that I last saw her alive on March 10, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage (apoplexy)  
 Due to Hypertension, essential  
 Due to HTN

Duration  
7:20 AM  
3/10/40  
12:35

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

Major findings: Of operations none

Of autopsy none

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) \_\_\_\_\_  
 (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) Means of injury \_\_\_\_\_

23. Signature Dr. Kenneth L. Kelley (M. D. or other) M.D.  
 Address 16 E. Lincoln St. Date signed 4/11/40

WHILE FATHER USE CHANGING 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.

RECEIVED

District Health Officer No. 6,

District Case Number 240-1106

Date Filed APR 1 1940

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.