

FILED AUG 21 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25586

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

Registration District No. 467

Primary Registration District No. 5628

Registrar's No. 41/67

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Aurora Mo  
(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)  
In this community 22 years years, months or days

3. (a) PRINT FULL NAME SUSIE M. CROWELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 27 (Month) (Day) 1918 (Year)

8. AGE: Years 22 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Harwood Crowell

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

14. Maiden name Anna Crowell

15. Birthplace Scott County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harwood Crowell

(b) Address Aurora Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Lake

18. (a) Signature of funeral director Walter D. Hough

(b) Address Aurora, Iowa

19. (a) July 31, 1940 (Date received local registrar) (b) R. D. Cassan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Aurora Mo (If outside city or town limit, write "RURAL")

(d) Street No. R 1 Aurora (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from after death 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to Taking Carbolin acid.

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) Suicide

(b) Date of occurrence July 29-1940

(c) Where did injury occur? (Rural) Aurora Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? no (Specify type of place) Means of injury poison

23. Signature Hermon Burdige (M. D. or other)

Address Aurora Mo Date signed 7/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 840-2487,

Date Filed ~~AUG 15 1940~~ AUG 19 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 \_\_\_\_\_

*Myself*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision

Signed *Oscar L. Marsh*

Licensed Embalmer No. 3812

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.