

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.

16 23 1940

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

26113
 Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township Richmond Primary Registration District No. 8976B
 (c) City Richmond Mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred all life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Franklin Crowe
 (a) Residence, No. Richmond Mo. R.R. 1 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Lee Crowe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1864
 7. AGE YEARS 76 MONTHS 4 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) Vibbard Mo. (STATE OR COUNTRY)

FATHER
 13. NAME George Crowe
 14. BIRTHPLACE (CITY OR TOWN) Unknown Kentucky (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Francis Crowe (ADDRESS) Richmond Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Aug. 9, 1940
 19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond Mo.
 20. FILED Aug 9, 1940 Malcol Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1940 1940
 22. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 1940 to Aug 7 - 1940
 I last saw him alive on Aug 7 - 1940. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arterio Sclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) E. E. Lay, M. D.
 (Address) Richmond Mo.

MAY 26 1944

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-14-40

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, *****
....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Thurman*

Licensed Embalmer No. 2073

P. O. Address Richmond 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.