S. No. 2
—11-10-39
. 5-17-39
I X21492

FILED SEP 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27882

Registration District No. 47 Primary Registration District No. 5070 Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Bates

(b) ~~City or town~~ Rural – Deer Creek (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

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

(d) ~~Street No.~~ Rural (If rural, give ...)

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

3. (a) PRINT FULL NAME Ruth Ann Crow. 600

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 11 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. 30 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Lester Harold Crow.
13. Birthplace Altona, Bates County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lula Elma Easterla.
15. Birthplace Grain Valley, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lester H. Crow.

(b) Address Adrian, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 11 (Day) 1940 (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Archie, Mo.

19. (a) Aug-31-40 (Date received local registrar) (b) Ethel C. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1940 hour minute 8:00 P.M.

21. I hereby certify that I attended the deceased ~~from~~ on Aug 11, 1940 to 19 ; that I last saw her alive on Aug 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Cerebral Hemorrhage — Duration 7½ hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Basil O Hartwell (M. D. ~~or other~~)

Address Drexel, Mo Date signed Aug 12 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-40-1234
Date Filed 9-4-40

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 Floyd A. Hinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.