No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29959

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 198

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

1. PLACE OF DEATH
(a) County: Vernon
(b) City or town: Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 822 N. Clay (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 10 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Vernon
(c) City or town: Nevada (If outside city or town limits, write "RURAL")
(d) Street No.: 822 N. Clay (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Allie Crews
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ed Crews
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Sept 12, 1871 (Month) (Day) (Year)
8. AGE: Years 68 Months 10 Days 23 If less than one day ____ hr. ____ min.
9. Birthplace: Salsbury, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: James Freeman
13. Birthplace: Unknown Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Davis
15. Birthplace: Unknown Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. B. Logan
(b) Address: Nevada Mo State Hospl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Carthage, Mo.
18. (a) Signature of funeral director: Ferrel Funeral Home
(b) Address: Nevada, Mo
19. (a) 8-6-40 (Date received by local registrar) (b) Allen V. Large (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1940 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 29 1940 to Aug 5, 1940 that I last saw her alive on Aug 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute uremia	4 da.
Due to: Chr. interstitial nephritis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): 121	

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: [illegible] (M. D. or other)
Address: Nevada, Mo Date signed: 8-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1251
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~~ Person

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Yurada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.