

Registration District No. 31b Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 638 S. Douglas  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin B. Crews

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 66 years  
Mary B. Crews  
7. Birth date of deceased Dec. 25 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Monence Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business

12. Name George F. Crews  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name (Unknown) Sterman  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Crews

(b) Address Springfield, Mo.

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

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-17-40 (b) W.E. Haudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 638 S. Douglas  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1940 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from 5/13/40  
19 to 9/10/40  
that I last saw him alive on 9/10/40  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to 97  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy no aut.

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  
Signature J. B. Lemmon (M. D. or other) M.D.  
Address Springfield, Mo. Date signed 9/17/40

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

MOTHER FATHER

9  
3  
6

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**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.....

*Walter E Hamilton*

Licensed Embalmer No.....

*3808*

P. O. Address.....

*Springfield, 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, fact should be so stated above.**

X