

2
40
39
23159

Registration District No. **629** Primary Registration District No. **5831**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Madaway**

(b) City or town **Ravenwood - Rural**

(c) Name of hospital or institution: **None**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**

In this community **about 2 years**

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madaway**

(c) City or town **Ravenwood Mo**

(If outside city or town limits, write "RURAL.")

(d) Street No. **3 1/2 mi North West of Ravenwood**

(If rural, give location)

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

3. (a) PRINT FULL NAME **Ella Davidson Crow**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **Mo**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **25**
year **1940** hour **11** minute **30** P. M.

21. I hereby certify that I attended the deceased from **June 10**, 19**40**, to **9-25**, 19**40**;
that I last saw her alive on **9-8**, 19**40**;
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **George R. Crow Dec.**

6. (c) Age of husband or wife if alive **10** years

7. Birth date of deceased **Nov 10 1856**

(Month) (Day) (Year)

Immediate cause of death **Cor. Myocarditis Semblity**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **not had**

8. AGE:

Years	Months	Days	If less than one day	
83	83	10	15	hr. min.

9. Birthplace **Stanwood Iowa**

(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

MOTHER FATHER

12. Name **Robert A. Davidson**

13. Birthplace **Unknown Ireland**

(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth West**

15. Birthplace **Columbus Ohio**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel C. Baker**

(b) Address **Ravenwood, Mo.**

17. (a) **Funeral** (b) Date thereof **9 27 1940**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand King Cemetery**

18. (a) Signature of funeral director **Raymond J. ...**

(b) Address **951 South Main Springfield Mo**

19. (a) **Sept 26, 1940** (b) **Grace Bulholt**

(Date received local registrar) (Registrar's signature)

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

23. Signature **M. Boyle** (M. D. or other)

Address **Conception Junction Mo.** Date signed **9-26-40**

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

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.....

William Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William Campbell*.....

Licensed Embalmer No. *3650*

P. O. Address *Mayville, N.*

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.