

STANDARD CERTIFICATE OF DEATH

State File No. **33385**

Registration District No. **18 1940**

Primary Registration District No. **6162**

Registrar's No. **232**

1. PLACE OF DEATH:

(a) County **VERNON**
(b) City or town **NEVADA**
(c) Name of hospital or institution: **STATE-HOSPITAL No 3**
(d) Length of stay: In hospital or institution **30 yrs 7 mo 25 days**
In this community **30 yrs 7 mo 25 days**

3. (a) PRINT FULL NAME **EMMA CRABTREE**

8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **Dec 21 1886**

8. AGE: Years **53** Months **8** Days **23** If less than one day hr. min.

9. Birthplace **✓** (City, town, or county) **Ibales** (State or foreign country) **4**

10. Usual occupation **Homekeeper** **4**

11. Industry or business **✓**

MOTHER FATHER { 12. Name **James Richards** 13. Birthplace **Unknown England** 14. Maiden name **Elizabeth Ann Cross** 15. Birthplace **Unknown England**

16. (a) Informant **RECORDS-STATEHOSP No 3** (b) Address **NEVADA Mo.**

17. (a) **Burial** (b) Date thereof **Sep. 15 1940** (c) Place: burial or cremation **Davis Iowa**

18. (a) Signature of funeral director **State Funeral Service** (b) Address **Nevada Mo.**

19. (a) **9-13-40** (b) **Allen S. Hays**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON MO.**
(c) City or town **KANSAS CITY Mo.**
(d) Street No. **707 EAST 43rd St.**
(e) If foreign born, how long in U. S. A. **U. S. A.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13** year **40** hour **10** minute **45** A. M.

21. I hereby certify that I attended the decedent from **Oct 1 1939** to **Sept 13 1940**; that I last saw her alive on **SEPT 13 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **ANGINA (CORONARY) CHR. DEGENERATIVE MYO-CARDITIS.** Duration **1 hr**

Due to **94%**

Other conditions **ARTERIOSCLEROSIS** (Include pregnancy within 3 months of death)

PHYSICIAN Major findings: Of operations **NONE** Of autopsy **NONE**

22. If death was due to external causes, fill in the following: **Mo.** (a) Accident, suicide, or homicide (specify) (b) Date of occurrence.

(c) Where did injury occur? **795** (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Paul S. Barone** (M. D. or other) **M. D.** Address **STATE HOSP No 3** Date signed **Sept 13 1940**

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

RECEIVED

District Health Officer No. 7,

District File Number

10-40-1434

Date Filed

10-8-40

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

Allen U. Hoyle

Licensed Embalmer No. 1968

P. O. Address

Nevada 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.