

NOV 15 1940  
Registration District No. **208**

Primary Registration District No. **5288**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Clinton**  
(b) City or town **Plattburg Rural**  
(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 **20**  
In this community **15 years**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Sarah Elizabeth Crowley**  
3. (b) If veteran, name war   
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **John Crowley**  
6. (c) Age of husband or wife if alive **13-18** years (Year)  
7. Birth date of deceased **October 13-1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **0** Days **14**  
If less than one day hr. min.

9. Birthplace **Harrison Co., Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **John Brown**

12. Name **John Brown**

13. Birthplace **Yorkton**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Lewis**  
15. Birthplace **Widow**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Francis L. Crowley**

(b) Address **Rt 3 Plattburg Mo**

17. (a) **Rural** (b) Date thereof **Oct 28-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kingston Mo**

18. (a) Signature of funeral director **Chas. Archer Co**  
(b) Address **Liberty Mo**

19. (a) **Oct 28-1940** (b) **Mrs. Sela Shackelford**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**  
(c) City or town **Plattburg RFD**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **010**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27**  
year **1940** hour **9** minute **A** M.  
21. I hereby certify that I attended the deceased from **Jan 1934**  
**1934**, to **Oct 27**, 19**40**  
that I last saw him alive on **Oct-13-**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
Duration **1 year**

Due to **Insufficiency of age**  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **97**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline because 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? **180**  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **J. D. Reynolds** (M. D. or other) **!**  
Address **Plattburg Mo** Date signed **10-27-40**

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

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>prepared</sup>~~embalmed~~ by me, or by

Registered Apprentice No. \_\_\_\_\_

~~working under my personal supervision.~~

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**