

STANDARD CERTIFICATE OF DEATH

State File No. 39987

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 291

FILED DEC 21 1940

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:
1009 E. Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 6 yrs 2 mo 2
years, months or days)

3. (a) PRINT FULL NAME Thomas Oscar Crabtree

3. (b) If veteran, name war no 3. (c) Social Security No. 702-18-1056

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy Crabtree 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan 16 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Lisias Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Section Foreman

11. Industry or business R.R.

12. Name Frank Crabtree

13. Birthplace Lisias Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Vance

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Crabtree

(b) Address Nevada, Mo

17. (a) Removal (b) Date thereof 11/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kimball, Kans

18. (a) Signature of funeral director Felix Funeral Home

(b) Address Nevada, Mo

19. (a) 11-29-40 (b) Allen T. Hays
(Date received local registrar) (Registrar's signature)

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. 1009 E. Locust St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1940 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from Nov 25 1940 to Nov 26 1940
that I last saw him alive on Nov 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration Sudden

Due to Coronary Sclerosis
Doubt known

Due to _____
Other conditions none
(Include pregnancy within 3 months of death) 94 1/2

Major findings: Of operations none
Of autopsy none
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? 705

While at work? W. Stove (Specify type of place) (e) Means of injury _____
23. Signature W. Stove (M. D. or other) W. Stove
Address Nevada, Mo Date signed 11/26/40

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

108
2
2

5-5

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1699

Date Filed 12-4-40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2857

P. O. Address Quada, 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.