No. 2
-11-10-39

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42573

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 1049

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

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: 1205 N. Prospect (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield (If outside city or town limits write "RURAL")

(d) Street No. 1205 N. Prospect (If rural, give location)

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

3. (a) PRINT FULL NAME James Hiram Crownover

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May (Month) 4 (Day) 1856 (Year)

8. AGE: Years 84 Months 7 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace St. Francis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business

FATHER
12. Name Jim Crownover
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Hannah Earls
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant H. B. Crownover

(b) Address 1205 N. Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn (Cem.)

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

(b) Address Springfield Mo. 984

19. (a) 1-2-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RPM

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1940 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1940, to Dec. 30, 1940 that I last saw him alive on Dec. 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Cardio-Renal Disease

Due to Chronic Hypertension Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations #

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Newton Wallaman (M. D. or other)

Address Springfield, Mo. Date signed 12-31-40

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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.