

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 44113

JAN 22 1940
Registration District No. 263

Primary Registration District No. 6737 4523 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Houston
(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 _____ (Specify whether
In this community Ivr. 10mo. 3da. (Specify whether
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Houston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lois Evelyn Crabtree

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 Single

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

7. Birth date of deceased JAN. (Month) 19 (Day) 1939 (Year)

8. AGE: Years Months Days If less than one day
1 10 3 hr. _____ min.

9. Birthplace Houston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Tom Crabtree

13. Birthplace Agness Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elma Hamrick

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

16. (a) Informant Tom Crabtree

(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof II/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pisgah

18. (a) Signature of funeral director Rayford V. Elliott

(b) Address Houston, Mo.

19. (a) Nov. 23/40 (b) Mabel Shacklett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1940 hour 8 minute 10 P. A. M.

21. I hereby certify that I attended the deceased from NOV. 19, 1939, to NOV 22, 1940
that I last saw h ER alive on NOV. 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE BRONCHITIS
OF UNKNOWN ETIOLOGY.

Due to _____
Due to 10/24/40

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) 9/11
While at work? 1 (b) Means of injury _____
23. Signature Wm Sullivan (M. D. or other) M.D.
Address Houston Date signed 11-23-40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 5,
District File Number 1240186
Date Filed

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

Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.