

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15014

State File No. _____

Registration District No. 467

Primary Registration District No. 5628

Registrar's No. 26

1. PLACE OF DEATH Lawrence
 (a) County _____
 (b) City or town Aurora, Mo. Rt. 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether _____)
 In this community Unknown
 years, months or days

3. (a) PRINT FULL NAME Laura E. Crowell
 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 Married
 6. (b) Name of husband or wife Haywood Crowell
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased March 3, 1893
 (Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 1 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Unknown

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

14. Maiden name Susan Crow

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

16. (a) Informant Haywood Crowell

(b) Address Aurora, Mo. Rt. 1

17. (a) Burial (b) Date thereof 4/5/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Oscar G. Tharley

(b) Address 220 W. Church Aurora Mo

19. (a) May 1, 1941 (b) R. O. Cannon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town Aurora, Mo. Rt. 1
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
 year 1941 hour 12 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 31, 1941, to _____, 1941;
 that I last saw her alive on March 31, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Heavily calcareous material
with metastases to the Brain
Caecum of the Left Breast 2 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____

Of autopsy _____

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? 418

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. O. Cannon (M. D. or other) MD

Address 65 Townsend Ave. Aurora Mo Date signed 4/5/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 541-755

Date Filed MAY 8 1944

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.....

Myrtle....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Oliver L. Marsh
Licensed Embalmer No. 3872

P. O. Address.....
Quora Me

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, fact should be so stated above.