

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17764

Registration District No. 302

Primary Registration District No. 4181

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gasconade  
(b) City or town Bland  
(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 entire life  
years, months or days)

3. (a) PRINT FULL NAME Lins Edward Crider

3. (b) If veteran,  
name war ✓

3. (c) Social Security  
No. ✓

4. Sex Male 5. Color or  
race White

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

6. (b) Name of husband or wife Dean Crider

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

7. Birth date of deceased December 9 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 6 hr. min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Daniel Crider  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant my daughter Crider  
(b) Address Bland - Mo.

17. (a) Burial (b) Date thereof Apr. 1 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hallen - Mo.

18. (a) Signature of funeral director Sassman's Funeral Service  
(b) Address Bland - Mo.

19. (a) (Date received local registrar) (b) CA Burger  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Gasconade  
(c) City or town Bland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15  
year 1941 hour 11 minute 40 P.

21. I hereby certify that I attended the deceased from 1-1  
1935 to 4-15 1941  
that I last saw him alive on 4-15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial  
nephritis

Due to 12/10

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 12/10  
Of autopsy 12/10

PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

Signature CA Burger (M. D. or other)  
Address Bland Mo Date signed 4-15

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Chuter Sassman

Licensed Embalmer No. 4178

P. O. Address Blanch - 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.**