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FILED JUN 9 1941

Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 33

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town RURAL BETHANY TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME THOMAS B. CRABTREE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

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

7. Birth date of deceased: 12 (Month) 11 (Day) 1868 (Year)

8. AGE: Years Months Days If less than one day

72 4 22 hr. min.

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

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER { 12. Name GABRIEL CRABTREE

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

14. Maiden name SUSAN THOMPSON

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

16. (a) Informant Wm. Carter

(b) Address Bethany, Mo.

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

(c) Place: burial or cremation BURRIS CEMETERY

18. (a) Signature of funeral director S.M. Hays

(b) Address Bethany, Mo.

19. (a) 5/5/41 (b) Richard D. Corover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

(c) City or town RURAL
(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 May day 3rd
year 1941 hour 8:46 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by south bound motor passenger.

Due to Seemingly - unfortunate accident - (Had flagged the train)

Due to Concussion & fracture of Left occipital, & left shoulder & arm - broken & crushed

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

Major findings: Of operations Coroner Case

Of autopsy _____

Duration died on train on way to Bethany

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) accident

(b) Date of occurrence as above

(c) Where did injury occur? Grant Twp. Harrison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
6 miles north of Bethany Mo
While at work? flagged train (Specify type of place)
for a passenger (e) Means of injury as above

23. Signature Richard D. Corover
(Name or other)

Address Ridgeway, Mo Date signed 5/3-41

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..... *Houston H. Hass*

Licensed Embalmer No..... *2861*

P. O. Address..... *Bethany, Me.*

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.