

Registration District No. 582

Primary Registration District No. 4344

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County MONROE
 (b) City or town PARIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: W. CALDWELL ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 40 Yrs.
 years, months or days)

3. (a) PRINT FULL NAME RUBY S. CROW.

8. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife J. FRANK CROW 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 7 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace MONROE Co. Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ✓

12. Name HISON BURTON

13. Birthplace Mo 0
 (City, town, or county) (State or foreign country)

14. Maiden name MAMIE J. ALEXANDER

15. Birthplace Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Frank Crow

(b) Address PARIS, MO.

17. (a) RURAL (b) Date thereof JUNE 7, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speedy Blakeley

(b) Address PARIS, MO.

19. (a) JUNE 5, 1941 (b) J. A. Barnett, M.D.
 (Date received local registrar) (Registrar's signature)

R.L.

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MONROE
 (c) City or town PARIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. W. CALDWELL ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? N years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5
 year 1941 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug.
1941 to June 5 1941
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Certification
Bleed 3/4

Due to _____

Due to _____

Other conditions 50
 (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? 910

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

23. Signature Geo. M. Reynolds (M. D. or other) _____

Address PARIS, MO. Date signed 6-5-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 7-41-1330

Date Filed JUL 16 1941

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.