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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25613
State File No.

Registrar's District No. 1452 — Primary Registration District No. 5745 — Registrar's No. 5

FILED AUG 14 1941

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural. Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City R.F.D. 4.
(If not in hospital or institution, write street number or location)
(d) Length of stay: ~~In hospital or institution~~ In this community 60 yrs. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City RFD 4.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph William Crim
3. (b) If veteran, name war None
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma.
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) 9 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	16	hr. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
12. Name Joseph William Crim (Father)
13. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Sarah Frances Moss (Mother)
15. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Olive Crim
(b) Address Palmyra Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Vernon, Marion Co, Mo
18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City Mo.
19. (a) July 26, 1941 (Date received local registrar) (b) Mrs Etta V. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from Oct 17, 1936 to July 25, 1941; that I last saw him alive on May 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PARALYSIS AGITANS	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work?
(e) Means of injury
23. Signature John T. Webb (M. D. ~~or coroner~~)
Address Monroe City Mo Date signed 7/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

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

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