DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27820

FILED SEP 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 808

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Mo St Joseph (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ONE WEEK (Specify whether years, months or days)

In this community " "

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DAVIESS 31

(c) City or town R.R.I. WINSTON (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.? X 1 years.

3. (a) PRINT FULL NAME PHLETA MARGERAT CROWDER

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife CLEO CROWDER

6. (c) Age of husband ~~or wife~~ if alive 46 years

7. Birth date of deceased NOV (Month) 2 (Day) 1897 (Year)

8. AGE: Years 43 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name MARTIN WEST
13. Birthplace (City, town, or county) DAVIESS MO (State or foreign country)

MOTHER
14. Maiden name MARGRET PILLIPS
15. Birthplace (City, town, or county) DAVIESS MO (State or foreign country)

16. (a) Informant's own signature C W Crowder

(b) Address R.R.I Winston Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Aug (Month) 12 (Day) 41 (Year)

(c) Place: burial or [redacted] WINSTON MO

18. (a) Signature of funeral director Mrs. Kate Strang

(b) Address Winston Mo

19. (a) 8/11-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1941 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Aug 2, 1941 to Aug 10, 1941 that I last saw her alive on Aug 10, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abscess of Brain	6 weeks
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death): abscess & Pyorrhea of teeth.	

Major findings: Of operations No operation.

Of autopsy Brain abscess. Infection of teeth.

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 E. M. Shores (M. D. or other) M.D.

Address 317 Kirkpatrick Bldg St. Joseph Mo. Date signed 8-11-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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 ME, Registered Apprentice No. ....., working under my personal supervision.

Signed Virgil V. Shaw

Licensed Embalmer No. 4074

P. O. Address Winston 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.