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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 2001

State File No. 31598
Registrar's No. 724

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME: James Walter Crain
3. (b) If veteran, name war: no. 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: Roberta Crain 6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: July 1 1876 (Month) (Day) (Year)

8. AGE: Years: 1 65 Months: 2 Days: 3th If less than one day hr. min.

9. Birthplace: Unknown Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

MOTHER FATHER { 12. Name: James Crain
13. Birthplace: Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Roberta E. Clark
15. Birthplace: Macon Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Earnest Crain

(b) Address: Camden ton Mo.

17. (a) Removal (b) Date thereof: Sept. 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Roach Missouri

18. (a) Signature of funeral director: W. E. Handley

(b) Address: Camden ton Mo.

19. (a) 9-6-41 (b) W. E. Handley M.D. (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 4 year: 1941 hour: 7:45 minute: _____ P.M.

21. I hereby certify that I attended the deceased from Aug 28 1941 to Sept. 4 1941; that I last saw him alive on Sept 4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute infarctus prole
Complete supuration of penis

Due to: Transurethral resection of prostate gland

Due to: 1970

Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)

Major findings: Benign hypertrophy of prostate gland
Of autopsy: no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: 0

23. Signature: W. E. Handley (M. D. or other) M.D.
Address: Springfield Mo. Date signed: 9-4-41

727 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 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 *Alvin Burkman Wooler*

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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, fact should be so stated above.

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