X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32358

Registration District No. 740 Primary Registration District No. 24442 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Hardin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hardin Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 80-3-26 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 089
(a) State Mo (b) County Ray 0
(c) City or town Hardin 0
(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.? Native 0 years.

3. (a) PRINT FULL NAME Bozell Crittenden
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Crittenden
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 16 (Day) 1861 (Year)

8. AGE: Years 80 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Hardin (City, town, or county) Mo (State or foreign country)
10. Usual occupation Brick layer
11. Industry or business Brick Mason
FATHER
12. Name William Crittenden
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Galen Walker
(b) Address Hardin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hardin Cemetery
18. (a) Signature of funeral director R R Boggess
(b) Address Hardin Mo
19. (a) Sept 12 1941 (Date received local registrar) (b) R L Willefor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1941 hour 9 minute a. M.
21. I hereby certify that I attended the deceased from Sept 10, 1941, to Sept 11, 1941;
that I last saw him alive on Sept 11, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infected Prostate Enlarged, shutting off urination Following Supra Cubic Drainage	30 hrs
Due to Arteria Sclerosis	10 yrs
Due to General Weakness	
Other conditions Chronic Brights Disease (Include pregnancy within 3 months of death)	
Major findings: Of operations Supra pubic drainage of Bladder - 9/11/41	
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 Marvin Grimes (M. D. or other)
Address Hardin, Mo. Date signed 9/12/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-13-41

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 R R Boggess

Licensed Embalmer No. 35-76

P. O. Address Hadin 9

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.

2B
1-41
29288

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

State File No. 32358

Registration District No. 740 Primary Registration District No. 4442 Registrar's No.

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bazell Crittenden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife Mary Jane Crittenden

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 16 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	3	26	hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) R. L. Willeford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1941 hour minute 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.

	Duration
Immediate cause of death	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY