DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34776

Registration District No. 259 — Primary Registration District No. 4158 — Registrar's No.

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Maysville (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 years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Maysville (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.? years.

3. (a) PRINT FULL NAME Claude Lawrence McCrea

3. (b) If veteran, name war

3. (c) Social Security No. 386-01-0717

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife

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

7. Birth date of deceased November 5 1906 (Month) (Day) (Year)

8. AGE: Years 34 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business auto Industry

FATHER
12. Name Robert McCrea
13. Birthplace DeKalb Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Hattie F. Fry
15. Birthplace DeKalb Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Leland McCrea

(b) Address Maysville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Maysville

18. (a) Signature of funeral director Pilcher Funeral Home

(b) Address Maysville Mo

19. (a) 10-26-41 (Date received local registrar) (b) E. Bower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1941 hour 2 minute AM M.

21. I hereby certify that I attended the deceased from July 10, 1941, to Oct 6, 1941; that I last saw him alive on Sept 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas (Diagnosis by Mayo Clinic)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46g

Major findings: Of operations Carcinoma Pancreas

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr R. R. Reynolds (M. D. or other)

Address Maysville Mo Date signed 10/7/41

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

Rev. 5-17-39 I X19511

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.....

Licensed Embalmer No. 3960

P. O. Address.....

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.