

FILLED NOV 17 1941  
Registration District No. **4841**

Primary Registration District No. **5600**

Registrar's No. **5-4**

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

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Rural Benton Twp  
(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 \_\_\_\_\_  
In this community entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Doris Elaine Crim

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 3 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Frank Crim  
 13. Birthplace Edina (rural) Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ruth Hamolt  
 15. Birthplace Edina (rural) Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Mauck  
(b) Address Edina Mo

17. (a) Burial (b) Date thereof Oct 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph's Cemetery

18. (a) Signature of funeral director Paul J. Jurgensen

(b) Address Edina Mo

19. (a) Oct 27 1941 (b) Mr. E.M. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox <sup>052</sup>  
(c) City or town Edina (rural) <sup>0</sup>  
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26  
year 1941 hour 6 minute 48 P.M.

21. I hereby certify that I attended the deceased from 6:35 P.M.  
Oct. 26 1941 to 6:48 P.M. Oct 26 1941;  
that I last saw her alive on October 26 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous leukemia Duration 2-6 wks

Due to \_\_\_\_\_  
Due to Whooping Cough 6 wks

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9  
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 J.J. Breitenfeld (Mr. D. or other) D.O.  
Address Edina Mo Date signed 10/27/41

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RECEIVED

District Health Officer No. 10

District File Number 11-41-2084

Date Filed NOV 15 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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.