

No. 2
1-4-41
17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37718

State File No.

DEC 9 1941
Registration District No. 40

Primary Registration District No. 5061

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Northfork Twp (Rural)
(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 _____ 58 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural
(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 John Alfred Crews

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1941 hour 8 minute 30A a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs Bessie Crews 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 26th, 1878
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death. Epilepsy

8. AGE: Years Months Days If less than one day

63 3 16 hr. _____ min.

Due to _____

Due to _____

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

Other conditions 85
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Albert D. Crews

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

14. Maiden name Eliz Stringfellow

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

PHYSICIAN

Major findings: 85
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lewis Lisher
(b) Address Lamar, MO.

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? _____

17. (a) Burial (b) Date thereof 11-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

While at work _____ (e) Means of injury 3

19. (a) Nov-15-1941 (b) Mr Josephine Myrath
(Date received local registrar) (Registrar's signature)

23. Signature Raymond R...
Address Lamar, Mo Date signed 11/15/41

40

RECEIVED

District Health Officer No. 6,

District File Number 1241-1794

Date Filed DEC 8 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.....

Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Lamar, 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, fact should be so stated above.