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BUREAU OF THE CENSUS
DEC 23 1941

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 113 So 6th 1
(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: 88

(a) State Missouri (b) County Randolph 6

(c) City or town Moberly 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 113 So 6th
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mabel Crabb

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Thos. P. Crabb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22nd 1877
(Month) (Day) (Year)

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

<u>64</u>	<u>1</u>	<u>11</u>	hr. _____ min.
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9. Birthplace Pa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name James Philson

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

14. Maiden name Alizamin Philson

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

16. (a) Informant Miss Opal Crabb

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Dec 5th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Dec 5-41 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

TJD (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 3 1926, to Dec 3rd 1941; that I last saw her alive on Dec 3rd 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to left Hemiplegia

Due to _____

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

Major findings: Of operations _____
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? _____

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

23. Signature Seal Williams (M. D. or other)

Address 300 1/2 W. Reed St. Date signed 12/4/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-41-2240

Date Filed DEC. 18 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.....

Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly, 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.