DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1665

Registration District No. 70 — Primary Registration District No. 5109 — Registrar's No. 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Sedgewickville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Sedgewickville (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Myrtle D. Crites
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 married
6. (b) Name of husband or wife Edward Crites
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. (Month) 21st. (Day) 1884 (Year)

8. AGE: Years 56 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Sedgewickville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Thomas B. Drum
13. Birthplace Cape Girardeau, Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Tavia Howard.
15. Birthplace Cape Girardeau, Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edw. Crites M.D.
(b) Address Sedgewickville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18t. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Sedgewickville, Mo.
18. (a) Signature of funeral director J. Miller
(b) Address Jackson
19. (a) 12/16/41 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th. year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan. 1st 1938, 19..., to Dec. 16th. 1941, 19...; that I last saw her alive on Dec. 16th. 1941., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis	
caused by hypertension	4yrs
and diabetes mellitus	4yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 61	
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 0

23. Signature Edw. Crites (M. D. or other)
Address Sedgewickville Mo. Date signed 12/17/41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
50M-5-17-39
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RECEIVED

District Health Officer No. 4

District File Number 14-2-86

Date Filed 1-14-42

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 Gene C. Craccraft, Registered Apprentice No. 300, working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Miss

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.