

FILED FEB 17 1942
Registration District No. _____

Primary Registration District No. **5-4-26**

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

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Knoxville Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **None** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**
(c) City or town **Knoxville Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural**
(If rural, give location)
(e) Citizen of foreign country? **Citizen** (Yes or No)
If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **Eliza Ann Crabtree**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wm. M. Crabtree**
6. (c) Age of husband or wife **67** years
7. Birth date of deceased **Sept. 11 th, 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **13**
If less than one day _____ hr. _____ min.

9. Birthplace **Knoxville Mo. Ray Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business.

MOTHER FATHER { 12. Name **Pryor L. Van Bebber**
13. Birthplace **Ray Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary L. Hutchings**
15. Birthplace **Ray Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. M. Crabtree**
(b) Address **Knoxville Mo.**

17. (a) **Burial** (b) Date thereof **1-24-42.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knoxville Mo.**

18. (a) Signature of funeral director **J. M. Crabtree**
(b) Address **Richmond Mo**

19. (a) **1-28-42** (b) **W. B. Black**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23**
year **1942** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Dec 1**, 1942 to **Jan 23**, 1942
and that death occurred on the date and hour stated above. **Jan 20**, 1942

Immediate cause of death **Cyelo Nephritis**
Due to **Cause unknown**

Other conditions (Include pregnancy within 3 months of death) **1350**

Major findings: Of operations _____
Of autopsy _____

Duration **not known**
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) _____ (e) Means of injury _____
23. Signature **G. W. Gaine M.D.** (M.D. or other) **M.D.**
Address **Richmond, Mo** Date signed **1-24-42**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42.....

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed..... *J.B. Brothers*.....

Licensed Embalmer No..... **3001.**.....

P. O. Address..... **Richmond 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.