

FILED MAR 24 1942
Registration District No. **224**

Primary Registration District No. **5450**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Phenix, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Walnut Grove**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **42 years** (Specify whether years, months or days)
In this community **42 years**

3. (a) PRINT FULL NAME **Mary Ellen Crayton**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **George Crayton** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **February 14th 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **3** If less than one day hr. min.

9. Birthplace **St. Clair County, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **housekeeping**

MOTHER FATHER { 12. Name **Frank Metcalf**
13. Birthplace **Clark County Va.** (State or foreign country)
14. Maiden name **Ann Metcalf**
15. Birthplace **Cedar County Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mark Crayton,**
(b) Address **Phenix, Missouri**
17. (a) **burial** (b) Date thereof **March, 15, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn Cemetery,**

18. (a) Signature of funeral director **Rena Tom**
(b) Address **Walnut Grove, Missouri**
19. (a) **3/18/42** (b) **Nelson H. Murray**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Phenix,** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**
year **1942** hour **12** minute **25** a. m.
21. I hereby certify that I attended the deceased from **January 1st** 19**41** to **March 17** 19**42**
that I last saw h. **ar** alive on **February 15** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thombosis**
Due to **Arterio Sclerosis**

Other conditions **Senility**
(Include pregnancy within 3 months of death) **94**

Major findings: Of operations _____ Of autopsy _____
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 **J. H. Barber M.D.** (M. D. or other) **0**
Address **Walnut Grove, Missouri** Date signed **3/18/42**

1245 (Licensed Embalmer's Statement on Reverse Side)

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

39
6
D

578
23/42

24

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 Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Belmont Brown, 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.