

FILED MAR 5 1942 50
Registration District No. **50**

Primary Registration District No. **5985**

Registrar's No. **1790**

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
(Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Doniphan, Mo.
(If outside city or town limits, write "RURAL") rural
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME ROSEMARY BERNICE CROWELL

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 Infant

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if ✓ years

7. Birth date of deceased Dec 9 1941
(Month) (Day) (Year)

8. AGE: Years — Months — Days 19 If less than one day hr. — min. —

9. Birthplace Doniphan (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business —

MOTHER FATHER { 12. Name unknown
13. Birthplace 9
14. Maiden name Rosetta Crowell
15. Birthplace Clarkton Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Crowell
(b) Address Doniphan - Mo.
17. (a) Amity Church (b) Date thereof 12-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Doniphan

18. (a) Signature of funeral director T. E. Jordan
(b) Address Doniphan - Mo.

19. (a) 12-28-41 (b) E. D. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 28
year 1941 hour 3: A. minute A. M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 —

that I last saw h — alive on — 19 —
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration —

Due to Death without medical attention

Due to —

Other conditions 200a
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —

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? —

While at work? — (Specify type of place) (e) Manner of injury —

23. Signature Clifford Spout (M. D. or other) —
Address Doniphan Mo. Date signed 12-28-41

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

MOTHER FATHER

674

RECEIVED

District Health Officer No. 5,

District File Number. 242247

Date Filed _____

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 _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 32001

P. O. Address Doniphan 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.