

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
four miles south of Sedalia  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community eight years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL.")

(d) Street No. 735 East 4th  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Howard Earl Crews

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 19, 1927  
(Month) (Day) (Year)

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

14 6 3 ..hr. ....min.

9. Birthplace Boonville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business.....

MOTHER FATHER { 12. Name Howard Crews, Sr.

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

14. Maiden name Mary Hunt

15. Birthplace Pilot Grove, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Crews (mother)

(b) Address 735 East 4th, Sedalia, Mo.

17. (a) Burial (b) Date thereof March 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove, Boonville, Mo.

18. (a) Signature of funeral director Alvane Ewing

(b) Address Sedalia, Mo.

19. (a) 3/25/42 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1942 hour around the body of minute ..... M.

21. I hereby certify that I attended the deceased from 3-22-42 1942 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 Gun shot wound in the left side of the chest from the accidental discharge of his gun  
Due to.....

Due to.....

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

Major findings:  
Of operations 184-8  
37

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) accident

(b) Date of occurrence 3-21-42 080

(c) Where did injury occur? rural Pettis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
le, while hunting in woods  
(Specify type of place) (e) Means of injury Rifle

While at work? ✓

23. Signature M. I. Bishop (M., D. or other)  
Address Sedalia Mo Date signed 3-24-42

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

RECEIVED

District Health Officer No. 8<sub>n</sub>

District File Number \_\_\_\_\_

Date Filed 4-10-42

*Mr. Bishop*

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 *Duane Ewing*

Licensed Embalmer No. 3847

P. O. Address *Sealonia 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.