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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 773

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15388

Primary Registration District No. 601 A

Registrar's No. 45-

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

94
0
0

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: (near) Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francois Twp.
State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain 94

(c) City or town: Mexico 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Sarah Lena Crews

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: F.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: February (Month) 9 (Day) 1887 (Year)

8. AGE: Years 55 | Months 2 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: Audrian County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Clerk in Bank

11. Industry or business ____

MOTHER FATHER

12. Name: John To. Crews

13. Birthplace: Calaway Co. (City, town, or county) 0 Missouri (State or foreign country)

14. Maiden name: Rebecca Susan Gammon

15. Birthplace: Montgomery Co. (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant: Records of State Hospital No. 4

(b) Address: Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Mexico, Missouri

18. (a) Signature of funeral director: Chas. Richardson

(b) Address: Farmington, Missouri

19. (a) 4-29-42 (Date received local registrar) (b) Byrdie S. Buhrmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from April 19th, 1942 to April 26th, 1942 that I last saw her alive on April 25th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis (Sudden Death)	Instant
Due to: Arteriosclerotic Hypertensive Heart Disease	?
Due to:	
Other conditions: Psychosis with Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	11 weeks

Major findings:
Of operations: no operation
Of autopsy: none

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 ____

23. Signature: O. O. Ault (M. D. or other) M.D.

Address: Farmington, Missouri Date signed 4/27/42

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 542-581
Date Filed 5-13-42

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Chas Richardson

Licensed Embalmer No. 8167

P. O. Address Gainesville 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.