

FILED JUN 17 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 160

1
3
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Keokuk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Langhlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
In this community most all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scotland
(c) City or town Memphis
(If outside city or town limits, write "RURAL")
(d) Street No. 474 East Jackson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna H. Crook

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 Divorced
7. Birth date of deceased: Jan 7 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Crawford MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Dawson Howard
13. Birthplace Crawford MO
(City, town, or county) (State or foreign country)
14. Maiden name Florence Smith
15. Birthplace Keokuk MO
(City, town, or county) (State or foreign country)

16. (a) Informant Victor S. Howard
(b) Address Ann Arbor Mich

17. (a) Burial (b) Date thereof May 31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Mo
18. (a) Signature of funeral director F. W. Baskett
(b) Address Memphis, Mo

19. (a) June 5 1942 (b) Mrs. J. P. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 24
1942 to May 26 1942
that I last saw her alive on May 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to severe anemia 3mo.
Due to hemorrhage from uterine fibroids
Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

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 None
23. Signature Enel Langhlin (M. D. or other) MD
Address Keokuk, Mo. Date signed 5.26.42

RECEIVED

District Health Officer No. 10

District File Number 6-42-1329

Date Filed JUN 15 1942

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 Fred Guth

Licensed Embalmer No. 1029

P. O. Address Memphis, Tenn.

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.