

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Farmell
(c) Name of hospital or institution: Shiner Dam townships
(d) Length of stay: In hospital or institution 48
In this community 48 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Farmell
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME MACK BRADEY CRABTREE

3. (b) If veteran, name war no 3. (c) Social Security No. 488-18-9761

4. Sex M. D 5. Color or race W. 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Nellie Crabtree 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 30 - 1875

8. AGE: Years 67 Months 8 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Texas Co. Mo. D

10. Usual occupation farmer

11. Industry or business _____

12. Name Mathan Crabtree
13. Birthplace Unknown Ill.
14. Maiden name Smith
15. Birthplace Unknown Ill.

16. (a) Informant James Crabtree

(b) Address 7109 Clayton Ave. St. Louis Mo.

17. (a) Burial (b) Date thereof May 30 - 1942

(c) Place: burial or cremation Bay Springs

18. (a) Signature of funeral director William J. Dial

(b) Address Naylor Mo.

19. (a) 5-29-42 (b) Belle Kimmel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 11 minute 03 AM

21. I hereby certify that I attended the deceased from 5/19/42 to 5/28/42
that I last saw him alive on 5/19/42 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____

Due to _____

Other conditions (include pregnancy within 5 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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? _____

(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 Fred Biggs (M. Deed other) _____

Address W. Blair Bluff, Mo. Date signed 5/28/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUN 23 1942

RECEIVED

District Health Office No. 2,

District File Number 642-780

Date Filed JUN 18 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 *E. C. McCord*

Licensed Embalmer No. 4079

P. O. Address *Taylor, 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.