

FILED JUN 10 1942  
Registration District No. 2421

Primary Registration District No. 5280

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town F. H. T. Suro  
(c) Name of hospital or institution: St. F. Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 years  
In this community about all of life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JAMES B. CREWIS

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, ~~married~~, divorced

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife 5' 18 6  
alive ..... years

7. Birth date of deceased Dec 5 1886  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 27 If less than one day  
hr. min.

9. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER { 12. Name William Green

13. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Thatcher

15. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant F. O. F. Home Records

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof May 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exelsior Spout Mo

18. (a) Signature of funeral director Charles [unclear]

(b) Address Exelsior Spout Mo

19. (a) May 2 1942 (b) Helen Early  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd  
year 1942 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from May 8 1942 to May 7 1942  
that I last saw h. mo alive on May 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis  
Arterial  
Duration 10 years

Due to .....

Due to .....

Other conditions gn  
(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) Means of injury 11

23. Signature Burlow Malby (M. D. or other) M.D.

Address Liberty Mo Date signed .....

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

4007

RECEIVED

Health Officer No. 8

Weight of the body

Date 6-9-42

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.....

*Will be embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Claude Richard*

Licensed Embalmer No. *2751*

P. O. Address *Exelsior Spicery*

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.