

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Wingo township
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME William Horace Crabtree
 3. (b) If veteran, name war 700 3. (c) Social Security No. 492-18-0520
 4. Sex M 5. Color or race W 6. (a) Single, widowed, married 1 divorced
 6. (b) Name of husband or wife Linia Crabtree 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased July 19 1888
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 30 year 1942 hour minute 4:30 PM
 21. I hereby certify that I attended the deceased from Dec 10, 1941 to April 30, 1942
 that I last saw him alive on April 27, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 9 Days 21 If less than one day hr. min.

Immediate cause of death Coronary Occlusion
 Due to
 Due to Chr. Myocarditis
Chr. Arteriosclerosis
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Boston mts. Arkansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business
 12. Name John Crabtree
 13. Birthplace Boston mts. Arkansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Frances Marys
 15. Birthplace Boston mts. Arkansas
 (City, town, or county) (State or foreign country)
 16. (a) Informant Edbert Crabtree
 (b) Address Adrian, Missouri
 17. (a) (b) Date thereof 5-2-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Adrian
 18. (a) Signature of funeral director Creater Six
 (b) Address Adrian, Mo
 19. (a) May 5 1942 (b) Mrs Geo. McGlinchey
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations ASD
 Of autopsy 12
 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 FD
 23. Signature Carte W. Kates (M. D. or other) MD
 Address Buteau, Mo Date signed 4/30/42

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

MOTHER FATHER

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 and

Fred J. Leath #3343

Registered Apprentice No.

working under my personal supervision.

Signed

Leath

Licensed Embalmer No.

3650

P. O. Address

Adrian 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.