

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County MORGAN.

(b) City or town VERSAILLES, TENN.

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 YEARS. (Specify whether years, months or days)

In this community 16 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County MORGAN.

(c) City or town VERSAILLES.

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LENNA DELL CROWSON.

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

4. Sex F. 1 Color or race W. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED.

6. (b) Name of husband or wife FORREST ALBERT CROWSON. 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 001. 12. 1886. (Month) (Day) (Year)

8. AGE: Years 55. Months 10. Days 26. If less than one day hr. min.

9. Birthplace LAWRENCE Co., MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE.

11. Industry or business HOME.

MOTHER FATHER { 12. Name WILEY WORMINGTON.

13. Birthplace LAWRENCE Co., MO. (City, town, or county) (State or foreign country)

14. Maiden name MARTHA JANE MILLER.

15. Birthplace LAWRENCE Co., MO. (City, town, or county) (State or foreign country)

16. (a) Informant F. H. Crowson

(b) Address Versailles, Mo.

17. (a) BURIAL. (b) Date thereof 9/9/42. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES CEM. T.Y.

18. (a) Signature of funeral director J. F. Caldwell

(b) Address Versailles, Mo.

19. (a) 9-9-1942 (b) Ray Berhstromer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 6TH year 1942. hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 ;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death SUICIDE

Due to STRANGULATION

Due to

Other conditions 164a (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NO.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE.

(b) Date of occurrence SEPT. 6, 1942.

(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 AT HOME (Specify type of place) (e) Means of injury

23. Signature: J. E. Buchanan (Sign-D. or other) SCORNER

Address Versailles MO Date signed 9-9-42

1029

SEP 25 1942

RECEIVED

District Health Officer No. 7,

District File Number 9-42-1016

Date Filed 9-24-42

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

E. F. Terrell

Licensed Embalmer No. 1596

P. O. Address Versailles, 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.