

FILED NOV 11, 1942

Registration District No. ....

Primary Registration District No. 3000

1. PLACE OF DEATH:  
 (a) County: Adair  
 (b) City or town: Kirksville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 606 W. Martha  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 9.0 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Adair  
 (c) City or town: Kirksville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 606 W. Martha  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: 0

3. (a) PRINT FULL NAME: Sarah M. Crow

3. (b) If veteran, name war: ... 3. (c) Social Security No.: None

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

6. (b) Name of husband or wife: ... 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Dec 24 1846 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	95	10	0	hr. min.

9. Birthplace: Macon Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ...

MOTHER FATHER  
 { 12. Name: Thomas Christian  
 { 13. Birthplace: Kv. (City, town, or county) (State or foreign country)  
 { 14. Maiden name: Elizabeth Jones  
 { 15. Birthplace: Kv. (City, town, or county) (State or foreign country)

16. (a) Informant: Leonard Crow

(b) Address: Kirksville, Mo.

17. (a) Burial (b) Date thereof: 10-26-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bear Creek Cemetery

18. (a) Signature of funeral director: ...

(b) Address: Kirksville, Mo.

19. (a) 10/25/42 (b) Mrs. J. W. ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 24 year: 1942 hour: 7:30 minute: A: M.

21. I hereby certify that I attended the deceased from Oct 17 1942 to Oct 24 1942

that I last saw her alive on Oct 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: pneumonia. Lobar Duration: 7 days

Due to: ...

Due to: ...

Other conditions: (Include pregnancy within 3 months of death) 104

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? (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) (c) Means of injury

23. Signature: O. H. Martin (M. or Other) Address: Kirksville Date signed: 10/24/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number

11-42-2016

Date Filed NOV - 9 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 Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.