

FILED DEC 11 1942

5894

Registrar's No. 17

Registration District No. 264

Primary Registration District No. _____

1. PLACE OF DEATH: Ozark
 (a) County Ozark
 (b) City or town Rural-Fine Creek
 (If outside city or town limits, write "RURAL" and name of township)
 (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 8 months 8 days (Specify whether
 In this community 8 months 8 days years, months or days)

3. (a) PRINT FULL NAME Joel William Crowley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 17 1942
 (Month) (Day) (Year)

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

9. Birthplace Ozark County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Herbert Crowley
 13. Birthplace Gainesville Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Day Dec
 15. Birthplace Baxter County Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Crowley
 (b) Address Gainesville, Mo.

17. (a) Burial (b) Date thereof 11-26-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clear Springs Cem.

18. (a) Signature of funeral director Clankingbeard Fr. Hous
 (b) Address Gainesville, Mo.

19. (a) 11-25-42 (b) Margaret Hutchison
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
MISSOURI
 (a) State Missouri (b) County Ozark
 (c) City or town Rural-Pine Creek
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 25
 year 1942 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 16 1942 to Nov. 25 1942
 that I last saw h. in alive on Nov. 22 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia ✓
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 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 _____

23. Signature P. E. Bushong (M. D. or other) H. D.
 Address Gainesville, Mo. Date signed 11/25/42

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

District Health Officer No. 6,

District File Number 1242-1733

Date Filed DEC 10 1942

This body was not embalmed by request of the family

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.....

M.B. Hutchinson

..... Licensed Embalmer No.....

..... P. O. Address.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 37717
Registrar's No. 17

Registration District No. 264

Primary Registration District No. 5894

1. PLACE OF DEATH:

(a) County ozark
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Joel William Crowder

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

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

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

7. Birth date of deceased march 17 (Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) (State or foreign country) no

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 day _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia Duration _____

Due to There were no other complications, such as whooping cough, or measles.
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
Requested Information

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)
(b) 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 J. E. Bushong (M. D. _____)
Address Gainesville Mo. Date signed 12-27-42

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

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

