

No. 2
-1-4-41
-17-39
X24390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37879

State File No. _____

FILED DEC 14 1942

Registration District No. 296

Primary Registration District No. 6017

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Candeur
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community All his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Ray
 (c) City or town Florissant
 (If outside city or town limits, write "RURAL")
 (d) Street No. Small place between Oak & Candeur (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: Otis Crowley
 (b) If veteran, name war X
 (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 2
 year 42 hour 1 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 _____

4. Sex Male 5. Color col 6. (a) Single, widowed, married, divorced Married
 7. Birth date of deceased 10/27/1879
 (Month) (Day) (Year)

By some unknown
 Due to accident, he received
injuries that caused
 Due to this death
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years 63 Months 0 Days 24
 If less than one day _____ hr. _____ min.
 9. Birthplace Ray MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation Labourer

MOTHER FATHER
 11. Industry or business _____
 12. Name Washington Crowley
 13. Birthplace Ray MO
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Sallie Crowley
 (b) Address Candeur MO
 17. (a) Burial (b) Date thereof 11-4-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation South Paul Cemetery
 18. (a) Signature of funeral director C. V. Gibson
 (b) Address Rich. MO
 19. (a) 1106/42 (b) O. J. Hemmons
 (Date received local registrar) (Registrar's signature)

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) Accident 1899
 (b) Date of occurrence Oct. 31, 1942
 (c) Where did injury occur? On Highway Ray MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public Highway
 While at work? no (Specify type of place) (e) Means of injury _____
 23. Signature Dr. F. Baber, Deputy Coroner (M. D. or other)
 Address Richmond MO Date signed 11/6/42

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-11-42

115.071
-15-3-17
COPY 1<

MAY 8 1957

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed William McKibben

Licensed Embalmer No. 4137

P. O. Address Quick 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37879

Registration District No. 296

Primary Registration District No. 6017

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Camden
(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

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

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

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

7. Birth date of deceased oct 7
(Month) (Day) (Year)

8. AGE: Years 63 Months 19 Days 19 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death By some unknown accident he received injuries that caused his death
Due to The fore game was the corner west of
Due to _____

Other conditions Struck by a car
(Include pregnancy within 3 months of death)
He was first seen walk

Major findings: Of operations on highway in a dazed condition
Of autopsy circumstances indicate he had been hit by car, no witness

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct 31, 1942, Died 12-2-42

(c) Where did injury occur? Camden Ray mo
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway

While at work? no (c) Means of injury _____

23. Signature J. Baber Deputy coroner (M. D. or other)

Address Richmond mo Date signed 1/7/42

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

MOTHER FATHER

SUPPLEMENTARY

