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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42292

Registration District No. 379 Primary Registration District No. 6287 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Wright

(b) City or town MANSFIELD - RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pleasant Valley Twsp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 74 - 6 - 12

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town MANSFIELD - RURAL
(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 0

3. (a) PRINT FULL NAME Jacob Lawrence Crider

3. (b) If veteran, name war None

3. (c) Social Security No. 702 03-8547

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy Crider

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 12 (Day) 1868 (Year)

8. AGE: Years 74 Months 6 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Rail Road Track Worker

11. Industry or business Frisco R.R.

FATHER
12. Name Lawrence Crider
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Louisa Murrell
15. Birthplace Wright Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Nancy Crider
(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Star Cemetery

18. (a) Signature of funeral director G. A. Steffe
(b) Address Mansfield Mo

19. (a) Jan 2 1943 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 24, 1942 that I last saw him alive on Dec 4 - 1942, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage. — Duration unknown

Due to Hypertension

Due to .....

Other conditions (If due to pregnancy within 3 months of death) 0

Major findings:
Of operations .....

Of autopsy .....

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) .....

(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 W. A. Zimmerman (M.D. or other) 100
Address Mansfield Mo Date signed 12/25/42

1267

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.