

FILED FEB 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1818 South 11th Street
(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 Twenty-five years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1818 South 11th Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Crowl

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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 Nov 10 1865
(Month) (Day) (Year)

8. AGE: 77 years 2 months 10 days If less than one day

77 1865 Nov 10th

9. Birthplace 2 mi. - 10 day Delmar - Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Wallace

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Anna Blivens

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Crowl

(b) Address 421 Emerson North, Minneapolis

17. (a) Burial (b) Date thereof Jan. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Mr. E. R. Schuyden to Home

(b) Address 602 South 10th Street

19. (a) 1/22/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 43 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec - 26 - 42
8 1918 to 1 - 18 - 43 1943
that I last saw 4 alive on 1 - 18 - 43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Old Age
Chronic Nephritis

Due to _____

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

Major findings: 131 f

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)

Means of injury _____

23. Signature Will. W. Crowl (M. D. or other) D.O.

Address 222 Logan B. Date signed 1/22/43

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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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.