

Registration District No. 413

Primary Registration District No. 54304

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town St. Clair, Mo.  
(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 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town St. Clair, Mo.  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Francis Crabtree  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 20<sup>th</sup>  
year 1943 hour 8 minute 40 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on Aug-20 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ellen Mary CRABTREE 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased: 10-14 1871  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
72 72 10 6 hr. min.

Other conditions (Include pregnancy within 3 months of death) 94  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Potosi Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace U.S.A (City, town, or county) (State or foreign country)  
14. Maiden name W. E. W. W. W.  
15. Birthplace U.S.A (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Geneva Wilson  
(b) Address Saint Clair, Mo.

17. (a) Burial (b) Date thereof 8-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Clair Mo

18. (a) Signature of funeral director Sherrill Mitchell  
(b) Address St. Clair, Mo.

19. (a) 8/23/43 (b) W. E. W. W. W.  
(Date received local registrar) (Registrar's signature)

23. Signature W. E. W. W. W. (M. D. or other) 8/20/43  
Address St. Clair Mo Date signed 8/20/43

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

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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..... *Sherwood W Mitchell* .....

Licensed Embalmer No. *3873* .....

P. O. Address..... *H Clair 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.**