

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28341

Registration District No.

Primary Registration District No.

Registrar's No.

164

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jessie Anita Crow

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife W Crow Harry

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

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

July 4 1872

8. AGE:

Years

Months

Days

If less than one day

71

1

15

hr. min.

9. Birthplace

Centerville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Noah Lantz

13. Birthplace

Iowa
(City, town, or county) (State or foreign country)

14. Maiden name

Elizabeth Mass

15. Birthplace

Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant

Homer Crow

(b) Address

Clinton Mo

17. (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof

Aug 21 1943
(Month) (Day) (Year)

(c) Place: burial or cremation

Springfield Mo

18. (a) Signature of funeral director

Consuelo J. Beck

(b) Address

Clinton Mo

19. (a) Aug. 19, 1943

(Date received local registrar)

Georgia Ketchen

(Registrar's signature)

J. K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Springfield Mo
(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 Aug day 19 year 1943 hour 12:04 minute P. M.

21. I hereby certify that I attended the deceased from Feb 43 to Aug 19 1943 that I last saw him alive on Aug 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral embolus

Duration

5 hrs.

Due to

8th day following operation

Due to

12782

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Partial intestinal obstruction w/ adhesions

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

Joseph B. Baill

(M. D. or other)

Address

Clinton Mo

Date signed

8-19-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1 1069

SEP 9 1943

RECEIVED
District Health Officer No. 7, 891
District File Number 8-43-891
Date Filed 9-3-43

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.....

J. E. Connelley

Licensed Embalmer No. 1-891

P. O. Address *Clinton 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.