

FILED OCT 7 1943 / 07

3019

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Fennett
(c) Name of hospital or institution: Presnell Hospital
(d) Length of stay: 2 days
In this community Don't Know

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Bragg City, Mo.
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LEE CRABTREE

3. (b) If veteran, name war _____ 3. (c) Social Security No. Not Known

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

6. (b) Name of husband or wife Don't Know 6. (c) Age of husband or wife if alive not known

7. Birth date of deceased not known

8. AGE: Years about 49 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Delaplane, Ark

10. Usual occupation Common laborer

11. Industry or business

12. Name John Crabtree
13. Birthplace Not known
14. Maiden name Not known
15. Birthplace not known

16. (a) Informant Bill Woods

(b) Address Bragg City, Mo

17. (a) Burial (b) Date thereof 8/31/43

(c) Place: burial or cremation BZEEL Fennett, Mo

(d) Signature of funeral director County Jansen Supk

(b) Address Fennett, Mo

19. (a) 9-25-43 (b) Julia Blankenship

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Aug 28, 1943, to Aug 31, 1943
that I last saw him alive on Aug 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death suspicious heart disease

Due to _____
Due to _____

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

Major findings Hypertension - chronic hypotension

Of operations _____
Of autopsy 131P

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? _____
(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 H. C. Wilson M.D. (M. D. or other)
Address Presnell Hospital - Fennett, Mo Date signed 9/21/43

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

35
2
2

MOTHER FATHER

Duration
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1043-124

Date Filed 10-5-43

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.

This body was not embalmed.
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.