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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 43

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38375

Registration District No. 148 Primary Registration District No. 4238 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Buckner (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buckner Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 2 years at Blue Spgs Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Blue Springs (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elma Crow

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Lester Harold Crow 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 11 (Month) 20 (Day) 1912 (Year)

8. AGE: Years 31 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Grain Valley (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Charles Easterla
13. Birthplace Waterloo (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha Ann Bell
15. Birthplace Missouri City Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lester H. Crow
(b) Address Blue Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Atkinson Bros
(b) Address Archie Mo

19. (a) 11-23-1943 (Date received local registrar) (b) V. M. Reppert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 23 day 23 year 1943 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. first 1942 to Nov. 23 1943 that I last saw her alive on Nov. 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration Lobar

Due to Endrometrial Sarcoma of Liver, Intestine & Ovary.

Due to Following Surgery.

Other conditions (Include pregnancy within 3 months of death) 46 f

Major findings: Of operations Endometrial Sarcoma of Ovary Liver & Intestine

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature L. W. Higgins (M.D. or other) DO
Address Buckner Mo Date signed 11/23/43

1161

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1951

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~~ personally

....., ~~Registered Apprentice No.~~.....,

~~working under my personal supervision.~~

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.