

Registration District No. 1079A

Primary Registration District No. 3016

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 607 Mulberry #  
(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) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 607-Mulberry  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Floyd Edward McCrear

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 17 1931  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
12 8 14 hr. min.

9. Birthplace Pittsburg Kansas  
(City, town or county) (State or foreign country)

10. Usual occupation Student

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

12. Name Mose McCrear

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

14. Maiden name Maude Overton

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

16. (a) Informant Mose McCrear

(b) Address 607-Mulberry

17. (a) Burial (b) Date thereof 2-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Mo.

18. (a) Signature of funeral director James Service

(b) Address 702 Jefferson

19. (a) 2-2-44 (b) Therms Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 30 1944 to Jan 30 1944 that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Pneumonia Duration 3 days

Due to 33d

Other condition Chronic General Arthritis  
(Include pregnancy within 3 months of death)

Major findings: 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) (a) Means of injury D

23. Signature F. D. Steyer M.D. or other \_\_\_\_\_

Address Jefferson City Mo Date signed 2-4-44

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

MOTHER FATHER

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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 *L. H. Andersen*.....

Licensed Embalmer No. *3641*.....

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.**