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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7275

State File No.

FILED MAR 11 1944

Registration District No. 1943

Primary Registration District No. 3022

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bethany Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31

(c) City or town Rural Jefferson Twp
(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 1

3. (a) PRINT FULL NAME Crystal Mae Searcy

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Covel D. Searcy

6. (c) Age of husband or wife if alive 19 years

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

8. AGE: Years 18 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Daviess Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Raymond Miller
13. Birthplace Daviess Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Lilymay Geist
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Covel D. Searcy
(b) Address Pattonsburg, Mo.

17. (a) Burial X (Burial, cremation, or removal) (b) Date thereof 2 (Month) 3 (Day) 44 (Year)
(c) Place: burial or cremation Winston Cemetary

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg, Mo.

19. (a) Feb 8-'44 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 25, 1944 to Jan 31, 1944 that I last saw her alive on Jan. 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis

Due to Cause unknown

Due to —

Other conditions — (Include pregnancy within 3 months of death) 114 e

Major findings:
Of operations —
—
Of autopsy Autopsy denied

Duration

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 — 0

23. Signature H. R. Lyddon, M. D. ~~or other~~

Address Bethany, Mo. Date signed 2-5-44

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(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1949

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. G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.