S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1944

Registration District No. 140

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7305

Primary Registration District No. 3024

Registrar's No. 8

45
1
1

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Howard,
(c) City or town Fayette, Mo.
(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 0

45
1

3. (a) PRINT FULL NAME Luther Crews,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
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 January 4th 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	0	6	hr. min.

9. Birthplace Missouri, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
12. Name Lycurgus Crews, (Father)
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Fulliam. (Mother)
15. Birthplace Missouri, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Raymond Crews,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette Mo.
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 1-13-1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Jan 4, 1944, to, 19; that I last saw him alive on Jan 10 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6 days
Due to	
Due to	
Other conditions Chr. Hypertension (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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. A. Bloom (M. D. or other) M.D.
Address Fayette, Mo Date signed 1-13-43

1321

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-44

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 Geo. T. Harvey

Licensed Embalmer No. 2966

P. O. Address Fayette Miss.

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.