

FILED APR 7 1944

Registration District No.

Primary Registration District No. 5644

Registrar's No. 13

1. PLACE OF DEATH

(a) County Lafayette

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

(c) Name of hospital or institution: 1 mi. N.E.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town Luxington Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mi. N.E.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY CROWE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1944 hour 3 minute 0 M.

4. Sex F 5. Color or race W 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 Sept 1 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 29th, 1944, to Mar 1st, 1944,
that I last saw her alive on Mar 1st, 1944;
and that death occurred on the date and hour stated above.

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

Immediate cause of death Pneumonia

Due to.....

Due to.....

9. Birthplace Luxington MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 10911

Major findings: Of operations.....

Of autopsy None

MOTHER FATHER

11. Industry or business.....

12. Name Luther Crowe

13. Birthplace Luxington MO
(City, town, or county) (State or foreign country)

14. Maiden name Christina Beutler

15. Birthplace Luxington MO
(City, town, or county) (State or foreign country)

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) (e) Means of injury.....

16. (a) Informant Luther Crowe

(b) Address Luxington Mo

17. (a) Burial (b) Date thereof 3-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington Mo

18. (a) Signature of funeral director Winkler

(b) Address Luxington Mo

19. (a) APR-1-44 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

23. Signature W. F. Redwood, (M. D. or other).....
Address Luxington Mo Date signed 4/20/44

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

54
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Stud...

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-6-44

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed *Geo. P. McLean* _____

Licensed Embalmer No. *2983* _____

P. O. Address *Lexington, 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.

