

Registration District No. 337

Primary Registration District No. 6139

Registrar's No. 34

1. PLACE OF DEATH

(a) County Shelby
(b) City or town Shelbyville - Rural
(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 ✓
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME BARBARA Lee CRABTREE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. A. Crabtree 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Oct - 6 - 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

12. Name Rufus Thos Evans

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

14. Maiden name Mary Eliza Slagel
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arch Bigelow
(b) Address Shelbyville, Mo

17. (a) Burial (b) Date thereof Feb 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cemetery

18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville, Mo

19. (a) Margaret Good (b) Margaret Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 102
(c) City or town Rural 0
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1944 hour 11:30 minute 0 M.
21. I hereby certify that I attended the deceased from Feb 10
1943 to Feb 23 1944
that I last saw her alive on Feb 23
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 4 da
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/4a
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) Means of injury 2
23. Signature E. P. Thompson (M. D. or other) DB
Address Shelbyville, Mo Date signed Mar 4 1944

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

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RECEIVED

District Health Officer No. 10

District File Number 4-44-290

Date Filed APR 11 1944

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.....

..... myself, Registered Apprentice No.....
working under my personal supervision.

Signed..... E. P. Thompson

Licensed Embalmer No..... 1632

P. O. Address..... Shelbyville, 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.