

FILED APR 20 1944

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Pikeville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Advance, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Louis Crain

3. (b) If veteran, name war None 3. (c) Social Security No. 321-05-1592

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1944 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Feb 25-44
One call 19. to 19. ;
that I last saw h. alive on _____ 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93a

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature O. R. Reynolds M.D. (M. D. or other)
Address Advance Mo Date signed _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. W. Hampton Crain 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Jan. 8, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>1</u>	<u>17</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Mat B Crain
13. Birthplace Bellinger Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Jane Callahan
15. Birthplace Carrollton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. W. Crain

(b) Address Advance, Mo

17. (a) Burial (b) Date thereof Feb. 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director Ray S Morgan

(b) Address Advance, Mo

19. (a) 3/20/44 (b) M. R. Thumme
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 444-64

Date Filed 4-12-44

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd S. Morgan.....

Licensed Embalmer No. 3361

P. O. Address Advance 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.