S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1944

Registration District No. 27

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 27149

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Butler Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 10 Miles East-1 Mile South of Adrian
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME John Henry Crow

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Viola Crow

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

7. Birth date of deceased 9 (Month) - 13 (Day) - 1862 (Year)

8. AGE: Years 81 | Months 11 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Dont Know (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name William J Crow
13. Birthplace Dont Know (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Walker
15. Birthplace Dont Know (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Roy Crow
(b) Address Butler, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8-30-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Cloud Cemetery

18. (a) Signature of funeral director Creath + Six
(b) Address Adrian, Missouri

19. (a) 8-29-44 (Date received local registrar) (b) Pauline Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 28th year 1944 hour 2130 minute A.M.

21. I hereby certify that I attended the deceased from Aug 27, 1944, to Aug 28, 1944, that I last saw him alive on Aug 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pecanary occlusion	
Due to	
Due to	
Other conditions (In the pregnancy within 3 months of death): Chronic interstitial nephritis	
Major findings: Of operations with Uremia	
Of autopsy 13a	

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 —

23. Signature Chas A. Lush Jr (M. D. ~~or other~~)

Address Butler, Mo Date signed Aug 28-44

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dist[illegible] Officer No. 7,
District [illegible] 8-44-1031
Date Filed 9-11-44

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 and Fred T. Creath #3343, Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.