

S. No. 2
M-8-43
v. 5-17-39
I X37823

27165

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 3 1944

Primary Registration District No. 5113

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Bollinger Co.
(b) City or town Rural - Union Township
(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 _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bollinger
(c) City or town Rural Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1 0

3. (a) PRINT FULL NAME John Henry Crites
3. (b) If veteran, name war 1
3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1944 hour 9 minute 30 A.M.,
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on 8-27-44, 19____,
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Sarah Crites 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased MO 20-1885
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration 6 hrs

8. AGE: Years 63 Months 9 Days 7 If less than one day _____ hr. _____ min.

Due to arterio sclerosis

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

Due to 8341

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Wm A. Crites
13. Birthplace Cape CO MO.
(City, town, or county) (State or foreign country)
14. Maiden name Blenda J. Barker
15. Birthplace White Water - Bollinger CO MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Belle Russell
(b) Address Pallan, MO.
17. (a) burial (b) Date thereof 8/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Yonkers MO

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? _____

18. (a) Signature of funeral director Walt Gurned Hoff
(b) Address Frederickton, MO.
19. (a) 8/27/44 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature C.M. Wickman (M. D. or other) DO
Address Perryville, MO. Date signed 8/27/44

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

MOTHER FATHER

1063 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 944-425

Date Filed 9-6-44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed John A. Holt

Licensed Embalmer No. 4264

P. O. Address Fredensborg, Md

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.