S. No. 2
DM—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31629

Registration District No. 311 Primary Registration District No. 4456 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Appleton-Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 75 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair
(c) City or town Appleton City 93
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA. Crowder

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife David Crowder
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 17 (Day) 1857 (Year)

8. AGE: Years 87 Months — Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
FATHER
12. Name Johnathan M. Davis
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Caroline Bird
15. Birthplace (City, town, or county) Ill 1 (State or foreign country)
16. (a) Informant Oliver F. Crowder
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) Sept 12 1944 (Date received local registrar) (b) Lona McNelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1944 hour 12 minute 15 P M.
21. I hereby certify that I attended the deceased from Jan 1, 1939, to Sept 10, 1944
that I last saw her alive on Sept 10, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Bronchopneumonia	
Due to Bronchitis	
Bronchial asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 C. L. Hansen (M. D. or other) MD
Address Appleton City Mo Date signed 9-12-44

1358 (Licensed Embalmer's Statement on Reverse Side)

OCT 17 1944

RECEIVED
District Registrar Officer No. 7,
District File Number G-44-1178
Date Filed 10-11-44

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 JW on the 10th day of Sept 1944, Registered Apprentice No. ~~1099~~, working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.