

FILED JAN 15 1945

Registration District No. 279

Primary Registration District No. 3056

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe 59
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah W. Crellin

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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 1st 1863
(Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name George Milbank
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Hellie Swain
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (c) Informant Mrs. Lucy Scampton
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Dec. 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 12-18-44 (b) Anna Love
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 7/44 to Dec 16/44
that I last saw her alive on Dec 16/44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis - few weeks?

Due to _____
Due to _____

Other conditions arterial Hypertension - months?
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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)
(c) Means of injury _____

23. Signature: L. E. Hubel MD
Address Moberly Mo Date signed 12/17/44

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

38
6
3

JAN 19 1954

RECEIVED

District Health Officer No. 10

District File Number 1-45-129

JAN 12 1945

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.