

FILED FEB 10 1945

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks - 4 days  
In this community 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 Central  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Ellen Martin Crowson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Doyle Crowson 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased. April 18 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 8 27 hr. min.

9. Birthplace New York City | New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business Home

MOTHER FATHER { 12. Name Daniel Martin

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Holmer  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Crowson

(b) Address 500 Central - Monett Mo

17. (a) Removal (b) Date thereof Jan 6  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Mississippi

18. (a) Signature of funeral director Ballaways  
(b) Address Monett

19. (a) Jan 6 1945 (b) Cunice Greene  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1945 hour 7 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Nov 1  
1944 to Jan 5, 1945  
that I last saw her alive on Jan 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia equivalent 2 wks.  
infection  
of the  
stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
139 1/2

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)  
(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Monett Mo Date signed 1-5-45

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

1156

RECEIVED

District Health Officer No. 6;

District File Number 245-183

Date Filed FEB 8 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.....

*Dwight Ballaway*

Licensed Embalmer No. 2066

P. O. Address. month 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.**