

No. 2
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-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3825**
Registrar's No. **24**

Registration District No. **253** Primary Registration District No. **6196**

1. PLACE OF DEATH:
(a) County **Texas**
(b) City or town **Rural Sherman Tex**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Lifelong** years, months or days

3. (a) PRINT FULL NAME **Eliza Dickerson B. Crow**
3. (b) If veteran **3. (c) Social Security name war** **No.** _____

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Edw Crow** **6. (c) Age of husband or wife if alive** **76** years
7. Birth date of deceased **Nov 4 1868**
(Month) (Day) (Year)

8. AGE: Years **89** Months **1** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **Trumble Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Eliza Crow**
13. Birthplace **Ala**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Hunt**
15. Birthplace **Ala**
(City, town, or county) (State or foreign country)

16. (a) Informant **Berry Crow**
(b) Address **Luckling Mo**

17. (a) Burial **(b) Date thereof** **12-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shopec Cem**
18. (a) Signature of funeral director **Smith & Ferguson**

(b) Address **Luckling Mo**
19. (a) Date received local registrar **12-19-44** **(b) Registrar's signature** **Maggie Wilson**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Texas 107**
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **0**
(d) Street No. **So of Trumble Mo** (If rural, give location) **0**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4** year **1944** hour **P** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Nov 20 1944 to Dec 4 1944**
that I last saw him alive on **Nov 28 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis** **Duration** _____

Due to _____
Due to _____
Other conditions _____
(Include 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) (e) Means of injury _____

23. Signature **[Signature]** **(a. Doctor or other)** _____
Address **[Address]** **Date signed** **Dec 4 1944**

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

700

MOTHER FATHER

1237

(Licensed Embalmer's Statement on Reverse Side)

44

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

14536

11/16/45

OCT 15 1952

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

Emmet E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking 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.