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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1945

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5648

Primary Registration District No. 5135

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Butler

(b) City or town ~~Qulin~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural - Ash Hill twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Qulin 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Andrew Crabtree

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) (Day) 1861 (Year)

8. AGE: Years 83 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ernest Robinson

(b) Address Qulin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 2-22-45 (Date received local registrar) (b) Belle Finne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myo Carditis Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Grover W Greer Coroner (M.D. or other)

Address Poplar Bluff Mo Date signed 2-21-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 3/5-3
Date Filed 3/8/45

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.