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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16516

Registration District No. 5 [illegible]

Primary Registration District No. 5180

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Camden Warren Twp

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

(c) Name of hospital or institution: Gen Del
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

(c) City or town Decatorville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del
(If rural, give location)

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

If yes, name country life

3. (a) PRINT FULL NAME William Stover Crall

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

3. (c) Social Security No. .....

4. Sex W. O

5. Color or race W

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

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

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

7. Birth date of deceased Dec (Month) 24 (Day) 1869 (Year)

8. AGE: Years 75 Months 3 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Camden Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation labor

11. Industry or business farm

FATHER
12. Name Samuel Crall
13. Birthplace ..... (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Mary Jane Shaw
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Nellie Parish

(b) Address Decatorville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hugo Cemetary

18. (c) Signature of funeral director Bankson-Woolvey

(b) Address Camdenton, Mo

19. (a) June 8, 1945 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Feb ....., 1945 to April, 1945 that I last saw him alive on April 2 - 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Mitral insufficiency	
Due to	
Chronic	
Due to	
Other conditions (Include pregnancy within 3 months of death) no	
Major findings: Of operations none	
Of autopsy no	

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 0

23. Signature E. L. Chesbrough (M. D. or other)

Address Camdenton Mo Date signed 6-8-45

1551

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-45-256
Date Filed 6-12-45

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Me

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.