

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

Registration District No. 32

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5111

19824

State File No. _____

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME THOMAS BENTON CRITES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 23 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 0 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Henry Crites
13. Birthplace Waisy Mo
(City, town, or county) (State or foreign country)
14. Maiden name SARAH STATLER
15. Birthplace Waisy Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Rabins
(b) Address Advance R.4. Advance, Mo
17. (a) Burial (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ledgewichville, Mo

18. (a) Signature of funeral director Barber Funeral Home
(b) Address Ledgewichville, Mo

19. (a) 6/25/45 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Advance
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1945 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death heart trouble Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 950

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 0

23. Signature O. R. Reynolds (M. D. or other)
Address Advance Mo Date signed 6-20

RECEIVED

District Health Officer No. 4
District File Number 745-784
Date Filed 7-6-45

FEB 27 1948

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July

Registrar's No. 140

Registration District No. 32

Primary Registration District No. 5111

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Liberty Twp.
(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)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Thomas B. Criter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (b) Name of husband or wife

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

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb (Month)

22 (Day) 1945 (Year)

8. AGE: Years 72 Months 0 Days 0 If less than one day hr. 0 min. 0

9. Birthplace (City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or Business

12. Name

13. Birthplace (City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1945 hour 12 minute 3 M.

21. I hereby certify that I attended the deceased from 12 to 12, 1945; that I last saw him alive on July 22, 1945, and that death occurred on the date and hour stated above. Immediate cause of death

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) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-19824