

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

33023

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1945  
Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Manett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Davis nursing Home #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 wks  
(Specify whether  
In this community 1 yr time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town Piercia City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 40  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Ellington Marroe Crowder

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

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

6. (b) Name of husband or wife Florence Britter 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 13 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Harvey Crowder

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Moore

15. Birthplace N.C.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Lookey

(b) Address Peoria City Mo

17. (a) Burial (b) Date thereof 9-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wiemeyer

(b) Address Peoria City Mo

19. (a) 9-21-45 (b) W.M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 th year 45 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on Sept 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: acute glomerular nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 130

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 2

23. Signature Charles Moore (M. D. or other) MD

Address Peoria City Mo Date signed 9/11/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10 08 (Licensed Embalmer's Statement on Reverse Side)

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

5-  
2  
1

RECEIVED

District Health Officer No. 6,

District File Number 1043-1037

Date Filed OCT 16 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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Victor A. Klemmer

Licensed Embalmer No. 3822

P. O. Address Worcester City 7

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.