S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34033

State File No.

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 417 Franklin /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 40 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 417 Franklin 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Dollie Pearl Crew

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Thomas M. Crew

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

7. Birth date of deceased July (Month) 14 (Day) 1880 (Year)

8. AGE: Years 65 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Hume (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Home

FATHER
12. Name Albert A. Elwell
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephene Allen
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dennis Carder
(b) Address 416 Franklin Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster, Cem.

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) Oct 10, 1945 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 2, 1945, to Oct. 8, 1945; that I last saw her alive on Oct. 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma left breast	18 mo.
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adeno Carcinoma
Of autopsy 50

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 O H Damron (M. D. or other) MD.

Address Warrensburg Mo. Date signed 10-9-45

1001

(Licensed Embalmer's Statement on Reverse Side)

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. Earl Priest.

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.