

S. No. 2  
DM-2-43  
v. 5-17-39  
I X35897

12720

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 17 1946

Registration District No. 100

Primary Registration District No. 5381

Registrar's No. 18

1. PLACE OF DEATH: Dent

(a) County Dent

(b) City or town Rural - Current Township  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community 1 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent 33

(c) City or town Montauk - Current Township  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Crowley

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

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

6. (b) Name of husband or wife G.L. Crowley 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 9-1-1895  
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 12 If less than one day \_\_\_\_\_  
hr. min.

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

10. Usual occupation Housekeeper

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

12. Name C.H. Kearns

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

14. Maiden name Rena Scroggins

15. Birthplace Dent, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant G.L. Crowley

(b) Address Montauk

17. (a) Burial (b) Date thereof 3-16-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montauk

18. (a) Signature of funeral director Hobart Shantham

(b) Address Salem, Mo.

19. (a) 3-16-46 (b) M.M. Hardy, M.D. by M.A.C.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1946 hour 5:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3-1-46, 19\_\_\_\_, to 3-13, 1946  
that I last saw her alive on 3-13, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration \_\_\_\_\_

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

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

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

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

Of autopsy 13/4

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)

23. Signature Elmer Crowley (Specify type of place) Means of injury \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

33  
5  
0

11625

RECEIVED

District Officer No. 5,  
District File Number 446305.  
Filed 4-16-46

---

---

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 *Orval E. Lickliker*

Licensed Embalmer No. *3546*

P. O. Address *St. James 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.