S. No. 2
M—2-43
. 5-17-39
I X35697

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

26850

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28011

Registration District No. 278 Primary Registration District No. 5953 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Frankford Road two miles N. Louisiana (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

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

(d) Street No. Two Miles North of Louisiana (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Edna Crowder

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 19 (Day) 1907 (Year)

8. AGE: Years 39 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

FATHER
12. Name William Carr
13. Birthplace Un Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lula Harris
15. Birthplace Un Known (City, town, or county) (State or foreign country)

16. (a) Informant James Crowder

(b) Address Louisiana, Mo.

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

(c) Place: burial ~~or cremation~~ Mount Zion

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana Missouri

19. (a) 8/6/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour 5:45 minute A.M.

21. I hereby certify that I attended the deceased from June 29, 1946, to July 13, 1946 that I last saw her alive on July 13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	unknown
Due to Chronic nephritis	8 yrs.
Due to Pregnancy terminated July 9 do	9 months
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emil L. Mayer (M. D. or other) DO

Address 213½ Georgia St. Date signed July 13 1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 16
Date File Number 9-46-1699
Date Filed SEP 11 1946

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. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.