

Primary Registration District No. 4456

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Appleton City
(c) Name of hospital or institution: Elliott Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Clair
(c) City or town Appleton City
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Edo Joseph Crowder
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 10
year 1946 hour 30 minute 55 M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Daig Brown
(c) Age of husband or wife if alive may 28 - 1884

21. I hereby certify that I attended the deceased from Aug 15, 1946, to 15 Aug, 1946
that I last saw him alive on 15 Aug, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 17
If less than one day _____ hr _____ min.

Immediate cause of death coronary heart disease

9. Birthplace St. Clair Co. MO
10. Usual occupation Farmer

Other conditions Peptic ulcer
Major findings: Of operations 117A
Of autopsy _____

MOTHER FATHER
12. Name Tilburn Crowder
13. Birthplace Iowa
14. Maiden name Mary E. Ferris
15. Birthplace Ill

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John W. Crowder
(b) Address Mulberry Traveas
17. (a) Bernal (b) Date thereof 8 18 1946

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Bear Camp
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City MO
19. (a) Aug 15 1946 (b) Ma. Elsie Abney

While at work? _____
23. Signature W. E. [unclear] (M. D. or other) MD
Address Appleton City MO Date signed 15 Aug 46

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

NOV 6 1946

REC'D

Date:

7-46-892
8-30-46

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

15th day of Aug 1946

Registered Apprentice No. _____

working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, Md

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.