

FILED SEP 18 1946
Registration District No. 57

Primary Registration District No. 5587

Registrar's No. 171

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North Main Street Jasper Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 71 years 10 mo. 28 days years, months or days)

3. (a) PRINT FULL NAME Rebecca Elizabeth Crow
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 19th. 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 28 hr. _____ min.

9. Birthplace Jasper Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Groceries-Drygoods

12. Name John T. Crow

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

14. Maiden name Martha E. Dazey

15. Birthplace Preston Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Grace Hendricks

(b) Address Jasper Mo.

17. (a) Burial (b) Date thereof 5-21-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cem. Chas. J. Teeter

18. (a) Signature of funeral director _____
 (b) Address Jasper Mo.

19. (a) 8-27-46 (b) L. B. Clinton M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Jasper
 (If outside city or town limits, write "RURAL")
 (d) Street No. North Main Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th.
 year 1946 hour Two minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 10
 1946 to Aug 17 1946
 that I last saw h. er alive on Aug 17 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary attack
 Duration _____

Due to Hypertension 4 days
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 950
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. C. Guildner (M. D. or other)
 Address Lamar Date signed 8-17-46

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

46-8-705

FEB 16 1948

OCT 16 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 *Harold E. Simpson*

Licensed Embalmer No. *4288*

P. O. Address *Jasper 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.