S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1946

Registration District No. 293

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37998

Primary Registration District No. 4436

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Ralls

(b) City or town: New London
(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 ____

2. USUAL RESIDENCE OF DECEASED: 87

(a) State: Missouri (b) County: Ralls

(c) City or town: New London 1
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 6

If yes, name country ____

3. (a) PRINT FULL NAME: Frank Merritt Crigamire

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Arnedia Crigamire

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: January 4, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	8	11	____ hr. ____ min.

9. Birthplace: Hannibal Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: XX

11. Industry or business: XX

MOTHER FATHER

12. Name: Harry Crigamire

13. Birthplace: Hannibal Missouri 0 (City, town, or county) (State or foreign country)

14. Maiden name: Annie Hale

15. Birthplace: Fort Dearborn Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Arnedia Crigamire

(b) Address: New London Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Lick Creek Cemetery

18. (a) Signature of funeral director: V. Crawford Smith

(b) Address: 902 Broadway Hannibal Missouri

19. (a) 9-17-46 (Date received local registrar) (b) W. P. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day ~~xx~~ 15 year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 46 to Sept 16, 1946 and that I last saw ~~him~~ alive on Sept 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to: ____

Due to: ____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____

Of autopsy: 93D

Duration

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: J. L. Hinkson (M. D. or other)

Address: 104 Bell Building Hannibal Mo. Date signed 9/17/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 46-2143
Date Filed NOV 25 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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.