

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Lebanon Madison Hotel
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Since 1938 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pilaski
 (c) City or town Hazelgreen
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alden R. Crabb
 3. (b) If veteran, name war
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 16
 year 1947 hour 2 minute 30 P.M.
 21. I hereby certify that I attended the deceased from March 16, 1947, to Mar 16, 1947
 that I last saw him alive on March 16, 1947, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: June 30 1877
 (Month) (Day) (Year)

Immediate cause of death Embolism
 Due to Hypertension and valvular heart lesion
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 69 Months 8 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace Brown Co. Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Street Car Conductor

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Laclede Co. Welfare office

(b) Address Lebanon Mo

17. (a) Burial (b) Date thereof 3-19-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelgreen Cemetery

18. (a) Signature of funeral director R. B. Teeple

(b) Address Richland Mo.

19. (a) 3-22-1947 (b) Ors Frankberger
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature H. A. Hamilton (M. D. or other)
 Address 516 S. Adams, Lebanon Mo Date signed 3/17/47

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

3
12

MOTHER FATHER

Received 3/27/47
Laclede County Health Unit
File No. 3/47/40
Date Filed 3/27/47

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 Dersey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.