

FILED MAY 8 1947

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
814 Isley  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community About 10 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Elmira  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fannie W. Crowley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George W. Crowley  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 28 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 4 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter Holman  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Willie Jane Riley  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bonnie King  
(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 4-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmira Cemetery  
(d) Signature of funeral director Claude Prichard

(e) Address Excelsior Springs, Missouri

19. (a) 4/19/47 (b) Caroline Stutzman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1947 hour 8:00 minute \_\_\_\_\_ p. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 12 1943 to March 29 1947,  
that I last saw her alive on March 29 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death General senility & arteriosclerosis  
Due to Age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 97

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 Dr. P. Roberson (M. D. or other) Dr. W.  
Address Excelsior Springs, Mo Date signed 4/15/47

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

RECEIVED

District Health Officer

District File Number

Date Filed 5-6-47

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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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.**