

Registration District No. 209

Primary Registration District No. 4320

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Marion County Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year
 (Specify whether
 In this community 20 months
 years, months or days)

3. (a) PRINT FULL NAME Harriet Crowley

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

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 4 - 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 2 26 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER {
 12. Name Kellie Lake
 13. Birthplace Va
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Wiseman
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Wiseman
 (b) Address Keokuk Iowa
 17. (a) Burial (b) Date thereof July 31 - 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NELSONVILLE

18. (a) Signature of funeral director Thomas Ball
 (b) Address Ewing, Mo.

19. (a) 7-30-47 (b) Viola Ed. Deputy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Nelsonville - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1947 hour 2 minute 20 A.M.
 21. I hereby certify that I attended the deceased from July 25, 1947 to July 29, 1947
 that I last saw her alive on July 25, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal Syndrome
 Due to _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations 932
 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 EM Luke (M. D. or other) MD
 Address Hannibal Date signed 8-1-47

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

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..... *Thomas Ball*
Licensed Embalmer No..... *1744*
P. O. Address..... *Ewing, 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.