

FILED DEC 8 1947
Registration District No. _____

Primary Registration District No. **5126**

Registrar's No. **1421**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **Rural, Crawford Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1/2 Mi. No. of Faucett, Mo.**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **1 year**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan** **11**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **R. R. #1, Faucett, Mo.**
(If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Jesse Oliver Crowley**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Myrtle Crowley**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **September 1 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 27 hr. min.

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

10. Usual occupation **farmer**

11. Industry or business **Farming**

12. Name **Thomas M. Crowley**

13. Birthplace **Clay County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Smith**

15. Birthplace **unknown unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam. W. Crowley**

(b) Address **RR #2 St. Joseph, Mo.**

17. (a) **burial** (b) Date thereof **11/30/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah, Mo.**

18. (a) Signature of funeral director **Heaton - Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **12-5-47** (b) **H. L. Jenkins**
(Date received local registrar) (Registrar's signature) **291**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28th**
year **1947** hour **7** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 28th 47** to **19**;
that I last saw him **alive on** **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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)

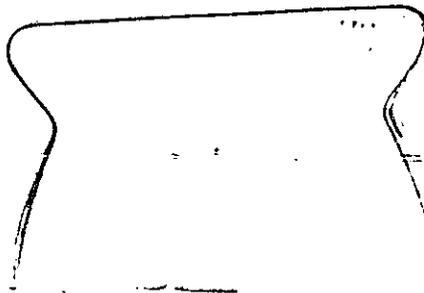
While at work? _____ Means of injury **3**

23. Signature **B. W. Tallock** (M. D. or other) **Coroner**

Address **King Hill Bldg** Date signed **12/4/47**

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

MOTHER FATHER



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.....

James B. Hawkins
working under my personal supervision.

Registered Apprentice No. 27

Signed.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. St. Joseph, 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.