S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

15954

State File No. .....

Registration District No. 720 Primary Registration District No. 4197 Registrar's No. 47

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Stanberry MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W 4th St 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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Gentry 38
(c) City or town Stanberry 3
(If outside city or town limits, write "RURAL")
(d) Street No. W 4th St 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mrs Mary Dorkia Crow
3. (b) If veteran, name war .....
3. (c) Social Security No. No

4. Sex Fl
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ Robert Crow
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec (Month) 20 (Day) 1872 (Year)

8. AGE: Years 75 Months 4 Days E6 If less than one day ..... hr. ..... min.

9. Birthplace Gentry Co (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at Home
FATHER
12. Name Armstrong Floyd
13. Birthplace (City, town, or county) KY (State or foreign country)
MOTHER
14. Maiden name Elizabeth Oneal
15. Birthplace (City, town, or county) MO (State or foreign country)
16. (a) Informant Mr Robert Crow
(b) Address Stanberry MO
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-18-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Stanberry MO
18. (a) Signature of funeral director Leroy H. Phillips
(b) Address Stanberry MO
19. (a) May 19-48 (Date received local registrar) (b) Homer H. Webster (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1948 hour 12 minute 50 A. M.
21. I hereby certify that I attended the deceased from May 1, 1948 to May 16, 1948
that I last saw her alive on May 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy of left side	1 wk.
Due to Hypertension +	
Due to bed sore	
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? (e) Means of injury 2
23. Signature Charles N Williamson (M. D. or other) Do
Address Gentry MO Date signed 5-17-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. C. H. Williams

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Laton A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.