

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16137

State File No.

Registration District No. 139

Primary Registration District No. 576

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon-Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Missouri (b) County Holt 44

(c) City or town Oregon-Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Warren Crider

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Blanche Crider

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased
(Month) (Day) (Year)
October 26 1877

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 70 | 6 | 8 | hr. _____ min. |

9. Birthplace Holt County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Crider

13. Birthplace Penna. 1
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Gelvin

15. Birthplace Penna. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Crider
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof May 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon, Missouri

18. (a) Signature of funeral director James H. Pittz
(b) Address Oregon Mo

19. (a) 5-6-48 (b) Registrar's signature J. J. J.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Sept 15 to May 4 1948
that I last saw him alive on May 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
Duration Several years

Due to _____

Due to _____

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

Major findings:
Of operations 928

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 F. E. Hoyer M.D.
Address Newbern City Date signed 7-48

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

JAN 20 1949
MAR 7 1949

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 James H Pittsman
Licensed Embalmer No. 3192

James H Pittsman P. O. Address Oregon Mo
James H Pittsman

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.