

S. No. 2
 FORM-5-43
 REV. 5-17-39
 I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19990**
 Registrar's No. **21**

FILED JUN 24 1948
 Registration District No. **1771**

Primary Registration District No. **4267**

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

440

1. PLACE OF DEATH: **Lafayette**

(a) County **Lafayette**

(b) City or town **Odessa**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **55 Yrs.**
(Specify whether years, months or days)

In this community **55 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lucy Jane Crews**

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

4. Sex **Fe /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alonzo Crews** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Novemembr 24, 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Lafayette Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Isaac VanMeter**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Able**

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

16. (a) Informant **R. E. Crews**
 (b) Address **Odessa, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 19, 1948**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Husmen - Sparks**
 (b) Address **Odessa, Mo.**

19. **Feb. 18, 1948** (Data received local registrar) **Leta Drummond** (Registrar's signature) **152**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**

(c) City or town **Odessa**
(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 **Feb.** day **17**
 year **1948** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **11-26-48** to **2-17-48**
 that I last saw her alive on **2-16-48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (Hypostatic)**

Due to **Senility**

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature **Leta Drummond** (M. D. or other) _____
 Address **Odessa, Mo.** Date signed **2/18/48**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-23-48

JUN 29 1948

JUN 29 1948

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 William J. Sparks
• Licensed Embalmer No. 4431
• P. O. Address. Odessa, 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.