

Registration District No. 178

Primary Registration District No. 5662

Registrar's No. 37

1. PLACE OF DEATH:

(a) County LEWIS  
(b) City or town LEWISTOWN, MO  
(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  
years, months or days)

3. (a) PRINT FULL NAME Age 12 Crim.

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: JUNE 22, 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 0 If less than one day hr. min.

9. Birthplace TOLONA, MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name JOHN CRIM 9

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

14. Maiden name LUCINDA TOBIN 0

15. Birthplace LANCASTER MO (City, town, or county) (State or foreign country)

16. (a) Informant FLOYD CHANCE

(b) Address LEWISTOWN, MO

17. (a) Burial (b) Date thereof JULY 3, 1948  
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation Masonic, Burg, Mo

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

19. (a) 7-6-48 (b) P. H. Jennings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis 56

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Coronary occlusion Duration

Due to General Senility and heart ailment.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

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) Natural Cause

(b) Date of occurrence July 3, 1948

(c) Where did injury occur? Lewis County, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, in public place?  
near his home

While at work? No (Specify type of place) cut on head

Means of injury cut on head

23. Signature Paul H. Buckley (Physician's signature)  
Address CANTON, MO Date signed 7-3-48

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

RECEIVED  
District Health Officer No.

District File Number 7-48-12

Date Filed JUL 13 1919

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.