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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31987
Registrar's No. 257

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
University Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community same years, months or days)

3. (a) PRINT FULL NAME Crowder, Eva.

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

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

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

7. Birth date of deceased May 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 4 14 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Sidney Crowder

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

14. Maiden name Dean

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

16. (a) Informant Sidney Crowder

(b) Address ELkland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Charity Mo.

18. (a) Signature of funeral director Montgomery Vaughan

(b) Address Buffalo, Mo.

19. (a) 10-11-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wagon Dollar
(c) City or town ELkland (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1948 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12 Sept 1948 to 2 Oct 1948
that I last saw him alive on 2 Oct 1948
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration 21 days

Due to (Virus)

Due to Terminal Bronchopneumonia 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 107

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 0

23. Signature O.F. Bradford (M. D. or other)

Address 305 E Broadway, Columbia Date signed 10-2-48

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

RECEIVED
DIVISION OF HEALTH
OCT 25 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 *Clyde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo, 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.