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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32500

State File No. .....

FILED OCT 27 1948

Registration District No. 4 Primary Registration District No. 4186 Registrar's No. 82

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town SULLIVAN, 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 years, months or days)
In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FRANKLIN 36
(c) City or town SULLIVAN 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME NELLIE CROWE BROWN
3. (b) If veteran, name war NO
3. (c) Social Security No. .....
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July 11 (Month) 11 (Day) 1873 (Year)

8. AGE: Years 75 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Union (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name John Thomas Crowe
13. Birthplace Union (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name Mary Minerva Lickbarrow
15. Birthplace Union (City, town, or county) MO (State or foreign country) 0
16. (a) Informant Leta Dotter
(b) Address Sullivan MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hyde Park
18. (a) Signature of funeral director Chas. P. Scott
(b) Address Sullivan MO
19. (a) 10-14-48 (Date received local registrar) (b) ..... (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1948 hour 10 minute ..... A.M.

21. I hereby certify that I attended the deceased from Oct. ....., 1946 to Oct. ..... 1948; that I last saw her alive on Oct. 10 ..... 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N.D.	
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? ..... Means of injury 0

23. Signature [illegible] M.D. (M. D. or other)
Address Sullivan Mo Date signed 10/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 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 Edgar W Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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.