

FILED DEC 6 1948

Registration District No. 3

Primary Registration District No. 5000

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Aitchison

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

(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Aitchison

(c) City or town Rural Buchanan  
(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 Joseph Morrison Crigler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 540-07-4072

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25<sup>th</sup> year 1948 hour 6 minute 15 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mae J. Crigler

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

7. Birth date of deceased July 24 1911  
(Month) (Day) (Year)

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 DROWNING Duration \_\_\_\_\_

8. AGE: Years 37 Months 5 Days V If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

9. Birthplace Howard Co. Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation laborer

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name Roy C. Crigler

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

13. Birthplace Howard Co Mo (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant George Crigler

(b) Address Fayette Mo

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Nov 26 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo

18. (a) Signature of funeral director Chas. E. Johnson

(b) Address Hamburg Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 3

(b) Date of occurrence Nov 25 1948

(c) Where did injury occur? 8 MILES N.W. ROCKPORT AITCHISON MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ORGANIC DITCH NEAR RESIDE ROAD

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Chas. E. Johnson (M. D. or other) 11-27-48

Address Weshboro MO Date signed \_\_\_\_\_

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

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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,           
        , Registered Apprentice No.           
working under my personal supervision.

Signed          *Carl C. Johnson*         

Licensed Embalmer No.          *2839*         

P. O. Address          *Hamburg Iowa*         

**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.**