S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39718

FILED DEC 20 1948 86

Registration District No. 86 Primary Registration District No. 5322 Registrar's No.

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town R. R. #3, Cuba, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 Aprx. 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Cuba, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #3 1 Mile West off 66
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lela Helen Crow

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernest C.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 12 (Month) 23 (Day) 1903 (Year)

8. AGE: Years 44 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Ollie E. Hansbrough
13. Birthplace De Soto (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nora Belknap
15. Birthplace Bismarck (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ernest C. Crow
(b) Address R. R. #3, Cuba, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kinder Cem

18. (a) Signature of funeral director Franklin Funeral Home
(b) Address Cuba, Mo.

19. (a) 12-12-48 (Date received local registrar) (b) [signature] (Registrar's signature) 27 D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 1948 hour 9 minute — P. M.

21. I hereby certify that I attended the deceased from Feb. 27, 1948, to Dec. 9, 1948, that I last saw he alive on Nov. 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia — Duration 3 mon.

Due to Recurrent Carcinoma of Cervix — 2 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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 (e) Means of injury

23. Signature F. A. Gelders, M.D. (M. D. or other) M.D.
Address Cuba, Mo. Date signed 12-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-14-48
District Health Officer No. 5,
District File Number 1248 779
Date Filed 12-14-48

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 [signature]

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.