

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

17  
39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**STANDARD CERTIFICATE OF DEATH**

MISSOURI DIVISION OF HEALTH  
Primary Registration District No. 5881

State File No. 2049  
Registrar's No. 1

FILED FEB 9 1949  
Registration District No. 2347

1. PLACE OF DEATH:  
(a) County OSAGE  
(b) City or town Rural Jefferson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County OSAGE  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Summerfield, Mo. RFD  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Cecill Laura Crider  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18 th year 1949 hour 10:15 minute A M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ralph M. Crider 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased: June 5, 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17, 1949, to Jan 18, 1949; that I last saw her alive on Jan 18, 1949 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
52 7 13 hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Infarct Duration 13 hrs  
Due to Bronchitis Acute - 3 days

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 50

11. Industry or business \_\_\_\_\_  
12. Name H. M. Keeney  
13. Birthplace Osage County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Zina Bledsoe  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Ralph M. Crider  
(b) Address Summerfield, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/20/49  
(Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Pilot Knob Cemetery  
18. (a) Signature of funeral director: Walter Merton  
(b) Address Lynn, Mo.  
19. (a) 1-26-49 (Date received local registrar) (b) Lawrence Merton (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature W. A. ...  
Address Belle, Mo Date signed 1/24/49

Date Filed  
District File Number  
FEB 8 1949

District

District

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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, or by.....

....., Registered Apprentice No.....

.....  
working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lincoln 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.**