

FILED JUN 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15103

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Butler Co.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 1) arrival at Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Middletown		33
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Hospital			d. STREET ADDRESS (If rural, give location) 404 Park St.		
3. NAME OF DECEASED a. (First) GARNETT (Type or Print)			b. (Middle) JACKSON	c. (Last) CROWE	4. DATE OF DEATH (Month) (Day) (Year) May 21, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1885	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 8
IF UNDER 1 YEAR Days 20	IF UNDER 24 Hrs. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Evangelist	10b. KIND OF BUSINESS OR INDUSTRY Church of God	11. BIRTHPLACE (State or foreign country) Bath County, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U. S.	13a. FATHER'S NAME Millard F. Crowe	13b. MOTHER'S MAIDEN NAME Laura Belle Kerick	14. NAME OF HUSBAND OR WIFE Mary Ellen Crowe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 277-01-0505	17. INFORMANT'S SIGNATURE OR NAME Homer Laffler			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Menorrhage due to</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>fractured skull.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 89340 46
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 113rd Middle	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau, Cape Girardeau, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 21 1949 7:00 pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tornado.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. R. Drickus		23b. ADDRESS Caron		23c. DATE SIGNED May 22 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery	24d. LOCATION (City, town, or county) (State) Middletown, Ohio		
DATE REC'D BY LOCAL REG. 5-22-1949	REGISTRAR'S SIGNATURE C. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home - Cape Gir.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 549-
Date Filed 5-31-

JUN 1 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Virgil H. Kelch* _____

Licensed Embalmer No. 4102

P. O. Address *Cape Scurden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.