

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4196 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missourion</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Darlington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Darlington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lida</b>	b. (Middle) <b>ELIZA</b>	c. (Last) <b>R. Crow</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8-49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 30 1863</b>	9. AGE (In years last birthday) <b>86</b>	10. UNDER 1 YEAR Days <b>7</b>	11. UNDER 1 HRS. Hours <b>8</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Irish Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>William Ramage</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Winkler</b>	14. NAME OF HUSBAND OR WIFE <b>Samuel Crow</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>John Norman Hilligie</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as asphyxia, asphyxia, or the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>old age</b> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>490X</b>
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 1**, 1949, to **Sept 8**, 1949, that I last saw the deceased alive on **Sept 8**, 1949, and that death occurred at **5:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles N. McLeaumont MD</b>	23b. ADDRESS <b>Gentry Mo</b>	23c. DATE SIGNED <b>Sept 12-49</b>
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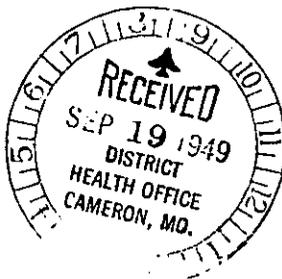
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/12/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rouse</b>	24d. LOCATION (City, town, or county) (State) <b>Darlington Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 16-49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Edith Childers</b>	430	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford Brown</b>	ADDRESS <b>Albany Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

copy sent to \_\_\_\_\_

SEP 26 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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

A handwritten signature in cursive script, appearing to read "Charles F. Brink".

Licensed Embalmer No. 3329

P. O. Address Albany, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 29864-49  
Local Registrar's No. \_\_\_\_\_

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 1949, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of ~~birth~~ death  
for Eliza R. Crow died Sept 8, 1949 in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 1949 should be corrected as follows:

Item No. 3 should read Eliza R. Crow  
Instead of \_\_\_\_\_ Lida O. Crow

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Clifford Brooks Undertaker  
Brooks Funeral Home Relationship.  
Albany, Mo.  
Present Address.

Subscribed and sworn to before me this 11 day of October, 1949.

My Commission expires Aug 6-1953 Margaret Kimmman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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106