

6230

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 13 1945
137

Registration District No. _____

Primary Registration District No. 4218 ³⁰²³

Registrar's No. 34

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

1. PLACE OF DEATH: Henry

(a) County _____

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

(c) Name of hospital or institution: Community Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴²

(c) City or town Windsor
(If outside city or town limits, write "RURAL") ⁴

(d) Street No. N. Main St.
(If rural, give location) ²

(e) Citizen of foreign country? No ¹⁷ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ellen Fietta Crumley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1945 hour 12 minute 15 p. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from 12-30-44
_____, 19____, to 1-6, 1945
that I last saw her alive on 1-6, 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife D.O. Crumley 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 10, 1868
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration ?

8. AGE: Years 76 Months 5 Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to 942

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Seneca, Iowa
(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.

10. Usual occupation at home

11. Industry or business at home

12. Name Charlie Gray

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Federia Ballau

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

16. (a) Informant Mrs Roy Skalitzky

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

(b) Address Kansas City, Mo.

17. (a) burial (b) Date thereof 1-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

23. Signature Ray B Jordan (M. D. or other) _____
Address Windsor Mo. Date signed 1-8-45

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Mo.

19. (a) February 3, 1945 (Date received local registrar)

1069

RECEIVED
District Health Officer No. 7,
District File Number 2-45-159
Date Filed 3-9-73

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 *Edwin Ruston*

Licensed Embalmer No. 3391

P. O. Address *Windsor No*

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.