S. No. 2
1—8-13
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23228

Registration District No. 112 — Primary Registration District No. 6429 — Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Lyon. Rural. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether) In this community: 5 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Franklin 36
(c) City or town: Rural. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry L. Crider
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M. 0
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Minnie Crider.
6. (c) Age of ~~husband~~ or wife if alive: 62 years
7. Birth date of deceased: April (Month) 4 (Day) 1875 (Year)

8. AGE: Years 71. Months 2 Days 16. If less than one day: hr. min.
9. Birthplace: Bland Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: Dallas. Crider.
13. Birthplace: Bland Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Minerva Haynes
15. Birthplace: Bland Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Minnie Crider
(b) Address: Leslie Mo. R#R
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Bland Mo.
18. (a) Signature of funeral director: E. H. Lemmon
(b) Address: Beaufort Mo
19. (a) 6-22-46 (Date received local registrar) H. L. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
year 1946 hour 1 minute a. M.

I hereby certify that I attended the deceased from May 21, 1946 to 6-21- 1946 that I last saw him alive on June 16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 3yrs — Duration
Due to:
Due to:
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: No 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: 0

23. Signature: H. L. Matthews M.D. (M.D. or other)
Address: Beaufort Mo. Date signed: 6-22-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 6-46-3
Date Filed 8-2-46

AUG 12 1946

AUG 22 1946

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 E. H. Lemme., Registered Apprentice No. ....., working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.