

No. 2
M-5-43
5-17-39
1-33687

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **904**
Registrar's No. **26**

FILED FEB 11 1947
Registration District No. **137**

Primary Registration District No. **4218**

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

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days**
In this community **2 years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mrs. Anna Jarvis Crews**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fe** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Robert L. Crews** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 25 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 5 hr. min.

9. Birthplace **Johnson County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **at home**

MOTHER FATHER
11. Industry or business _____
12. Name **Sidney Jarvis**
13. Birthplace **New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Adaia Piper**
15. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence Howard**
(b) Address **Windsor, Missouri**

17. (a) Burial (b) Date thereof **2-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston Turner**
(b) Address **Windsor, Mo.**

19. (a) **2-3-1947** (b) **R R Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **205 East Colt**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **30**
year **1947** hour **2:00 a m** minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____, 19____,
that I last saw her alive on **Jan 30**, 19**47**,
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocardial Failure**
due to mitral stenosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations **979**
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place) (a) Means of injury **2**
23. Signature **Robert L. Crews** (M. D. or other) _____
Address **Windsor, Missouri** Date signed **1-31-47**

120

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.....

William M. Turner

Registered Apprentice No. **470**

working under my personal supervision.

Signed.....

Edwin Houston

Licensed Embalmer No. **3391**

P. O. Address **Windsor, Missouri**

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.