

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17602
Do not use this space.**1. PLACE OF DEATH**

(a) County Candrian Registration District No. 26
 (b) Township..... Primary Registration District No. 3002 Registered No. 824
 (c) City Mexico Mo (d) Street No. Candrian Co. Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. 6 ds.

2. PRINT FULL NAME

Miss Lucie Crews 620
 (a) Residence, No. Minerola Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aumers Mo 0

FATHER 13. NAME John Crews 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Readsville Mo

MOTHER 15. MAIDEN NAME Jane Suthere

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aumers Mo

17. INFORMANT (ADDRESS) Mrs C E Hopkins
Wesley City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Readsville Mo DATE 6/1/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quissahan
Wesley City Mo

20. FILED May 30 1938 Blanche Keely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-17-1938, to 5-30-1938

I last saw h. h alive on 5-30-1938 Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism
Myocarditis

Other contributory causes of importance:

Large Peritonitis
Inflammatory appendicitis
Name of operation Lamotomy Date of 5/1/38
What test confirmed diagnosis? Op. revealed Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....

(Signed) Frank J. Kelly, M. D.
23 (Address) Mexico, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

~~Blanche Kelly.~~
~~803 E Jackson~~

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, on the

31st day of May 1938

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

A. H. Miller

Licensed Embalmer No. 1487

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.