

1939 MAR 16 1939

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

6260
Do not use this space.

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201
 (b) Township LIBERTY Primary Registration District No. 5280 Registered No. 15
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LEONARD B. CRABTREE

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NANCY ANN CRABTREE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/29/1868.
 7. AGE YEARS 70 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) CLAY CO. MO. (STATE OR COUNTRY)

13. NAME GEO. W. CRABTREE

14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

15. MAIDEN NAME VIRGINIA A. BRASFIELD.

16. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

17. INFORMANT DAVID E. CRABTREE (ADDRESS) MO. CITY MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY, MO. DATE 2/5/1939 19.

19. FUNERAL DIRECTOR HESEL * GARDER (ADDRESS) LIBERTY MO.

20. FILED 2-3 19 39 E T Brand Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/1939. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1938 to Feb 3 1939
 I last saw him alive on Feb 1 1939 Death is said to have occurred on the date stated above, at 2:15 P.
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset Known
940'

Other contributory causes of importance: Nov. 1938 had flu + Bronchial pneumonia 2-3 weeks 1938

Name of operation none Date of
 What test confirmed diagnosis? 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) John T. Grace M. D.
 (Address) Excelsior Springs Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/19/39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer 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.)