

REC'D MAY 10 1939

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

13977

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Jackson Registration District No. 399  
 (b) Town Ray Primary Registration District No. 1002  
 (c) City Ray City Mo. (d) Street No. 2314 E. 55th St. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Crowley, Mrs. D.C. (Frances Zell)
- (a) Residence, No. 2314 E. 55th Str. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |   |
|--|--|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Crispian Crowley</u>      |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Nov. 3 - 1905</u>                              |  |   |
| 7. AGE   | YEARS<br><u>34</u>   | MONTHS<br><u>—</u>  |
|  | DAYS<br><u>22</u>  | If LESS than a day, ..... hrs. or ..... min.                                |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>Housewife</u> |   |
|  | 9. Industry or business in which work was done, as saw mill, bank, etc.<br><u>—</u>                    |   |
|  | 10. Date deceased last worked at this occupation (month and year).....<br><u>—</u>                     |   |
|  | 11. Total time (years) spent in this occupation.....<br><u>—</u>                                       |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ray co. Mo.</u>                       |  |   |
| FATHER   | 13. NAME<br><u>Ray Fritz</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ray co. Mo.</u>                                 |   |
| MOTHER   | 15. MAIDEN NAME<br><u>Rosie Heuser</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ray co. Mo.</u>                                 |   |
| 17. INFORMANT (ADDRESS)<br><u>Crispian Crowley<br/>Richmond Mo.</u>                          |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Richmond Mo.</u> DATE <u>4-27</u> 19 <u>39</u> |  |   |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>A. W. Maurer<br/>Richmond Mo.</u>                |  |   |
| 20. FILED <u>Apr 25 1939</u> M. M. Crowe<br>Local Registrar.                                 |  |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-39 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
 I last saw Deputy Coroner on 19 Death is said to have occurred on the date stated above, at 6:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Criminal Abortion  
Generalized Peritonitis  
1930

Date of onset

Other contributory causes of importance:

Name of operation.....Autopsy Date of.....  
 What test confirmed diagnosis.....Autopsy Was there an autopsy?

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? —  
 If so, specify.....  
 (Signed) Quinn Dawson, M. D.  
 (Address) Richmond

(Licensed Embalmer's Statement on Reverse Side)

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

50M-9-19-39 I X16803

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**