

REC'D SEP 15 1939

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

30366
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 827
(b) Township Clay Primary Registration District No. 4500
(c) City Clarence (d) Street No. _____ 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Mary Ruth Crawford
(a) Residence, No. _____ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1849

7. AGE YEARS 90 MONTHS 6 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gene Co Tenn.

FATHER 13. NAME Aaron Bowman 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER 15. MAIDEN NAME Mary Pierce 1

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

17. INFORMANT (ADDRESS) Mollan Crawford Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood Cem DATE Aug 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hamilton Bur. Co Clarence Mo

20. FILED Aug 24 1939 Ray Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1928, 19____, to Aug 23 1939, 19____.

I last saw her alive on Aug 13 1939, 19____. Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous nephritis

Date of onset 1930

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19____

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None No

Nature of injury _____

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

If so, specify D. K. Harlan, M. D.

(Signed) Clarence Mo. (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1592

Date Filed SEP. 11. 1939

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 ME

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

Signed Groves J. Livan

Licensed Embalmer No. 1754

P. O. Address Hannuwell

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.