

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

32368
 Do not use this space.

OCT 13 1939

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 302
 (b) Township Clay Primary Registration District No. 6231 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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

(a) Residence, No. 1636 Margaret Elizabeth Crider 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Cleasville, Mo.
 (STATE OR COUNTRY)

13. NAME Edward C. Crider

14. BIRTHPLACE (CITY OR TOWN) Cleasville, Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Ollie May Terrell

16. BIRTHPLACE (CITY OR TOWN) Marion Co. Mo.
 (STATE OR COUNTRY)

17. INFORMANT Edw. Crider
 (ADDRESS) Bland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. Bland, Mo. DATE Sept. 3, 1939

19. FUNERAL DIRECTOR'S (ADDRESS) Dassman, Bland Mo.

20. FILED Sep 1 1939 E. A. Bunge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1939 to Sept 1, 1939
 I last saw him alive on Sept 1, 1939 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Severe burns by boiling water Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) E. A. Bunge, M. D.
 (Address) Bland Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Robert M. Murray, Licensed Embalmer No. 3749

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by Chester Sassmann, Registered Apprentice No. 216
working under my personal supervision.

Signed Robert M. Murray

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.)