

JAN 12 1940

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003
 (a) County 2
 (b) City or town _____
 (c) Name of hospital or institution: 2617 No 20th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 11 yrs.
 years, months or days (Specify whether)

2. (a) PRINT FULL NAME: Steven Crittenden
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife: Adie Mae Crittenden 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Aug 16 1870
 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

MOTHER FATHER
 { 12. Name Francis Crittenden
 { 13. Birthplace Unknown
 { 14. Maiden name Adeline Kirk
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Crittenden
 (b) Address 2617 No 20th St.

17. (a) Burial (b) Date thereof 12-11-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Naylor Mo

18. (a) Signature of funeral director John F. Bredisch
 (b) Address Naylor Mo

19. (a) DEC 12 1939
 (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town Sthenois Mo 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2617 No 20th
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
 year 1939 hour 11 minute 00 A. M.
 21. I hereby certify that I attended the deceased from 9-20-37
 to Dec 10 1939
 that I last saw him alive on 12-8-39, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____
years

Due to _____
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (a) Means of Injury _____
 28. Signature Walter H. Greenman M.D.
 Address 1506 - Stenois, Ave Date signed 12-11-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

IC-91 I X1981
 REV. 6-17-39

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 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 Howard A. Rowland

Licensed Embalmer No. 3114

P. O. Address Othello, Mo

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.