

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

JAN 12 1940

Registration District No. 744

Primary Registration District No. 5976B

1. PLACE OF DEATH:
(a) County Ray co. Mo
(b) City or town Rayville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 87 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH CROWLEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife James H. Crowley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19 1852
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Ray co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER
12. Name Henery Boone
13. Birthplace Mo. Co.
(City, town, or county) (State or foreign country)

14. Maiden name Whitsett
15. Birthplace Mo. Co.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Crowley

(b) Address Rayville, Mo.

17. (a) Burial (b) Date thereof 12-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley care

18. (a) Signature of funeral director J. E. Broadhurst

(b) Address Rayville, Mo.

19. (a) _____ (b) Malcolm Phip
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1939 hour 11 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 16
_____, 1939, to Dec 17, 1939;
that I last saw her alive on Dec 16, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Advanced arterio-
Sclerosis + Hypertension
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) J. W.

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature L. W. Gaines (M. D. _____)
Address Raymond, Mo Date signed 12-19-39

Duration
36 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 8
District File Number 111140
Date Filed 11/11/40

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 J. E. Broadhurst
Licensed Embalmer No. 2171
P. O. Address Rayville, 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.