

Registration District No. 668

Primary Registration District No. 8032

Registrar's No. 226

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Bethuel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary Crews 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 1932
(Month) (Day) (Year)

8. AGE: Years 8 Months 6 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation at school

11. Industry or business _____

MOTHER FATHER { 12. Name Howard E Crews

{ 13. Birthplace Spang Washington
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mrs M. Hust

{ 15. Birthplace Crown Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Howard Crews

(b) Address Sedalia

17. (a) Burial (b) Date thereof 7/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 7/8/40 (b) Mrs. Harry Sneed
(Date received by registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia (If outside city or town limits, write "RURAL")

(d) Street No. 735 E 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1940 hour 10 am minute _____ M.

21. I hereby certify that I attended the deceased from July 1st 1940 to July 6th 1940
that I last saw her alive on July 6th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to Oldies media

Suppura

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 9/11/40

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 90%

90% While at work? (Specify type of place) (e) Means of injury _____

23. Signature Dr. Snavely (M. D. or other) _____

Address Sedalia Mo Date signed 7/8/40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-40

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia, 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.