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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

HD SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29526

State File No.

Registration District No. 773 | Primary Registration District No. 4464 | Registrar's No. 151

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(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
In this community all of life (Specify whether years, months or days) 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 111 E Liberty
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Henry Crabtree
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 married
6. (b) Name of husband or wife Della Nottemper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 23 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	2	hr. min.

9. Birthplace Yount Francois (City, town, or county) Mo (State or foreign country)
10. Usual occupation Agriculture
11. Industry or business
FATHER 12. Name John H. Crabtree
FATHER 13. Birthplace Ref. Co. (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Sara Jane Mitchell
MOTHER 15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Mollie Crabtree
(b) Address 111 E Liberty Farmington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Glenda Graveyard
18. (a) Signature of funeral director C H Cozean
(b) Address Farmington Mo.
19. (a) Aug 26-40 (Date received by local registrar) (b) H. E. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1940 hour 1:30 minute M.
21. I hereby certify that I attended the deceased from Aug 25, 1940, to Aug 25, 1940, that I last saw he alive on Aug 25, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Diabetes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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) (e) Means of injury
23. Signature R Appleberry M.D. (M. D. or other)
Address Farmington Date signed 8-26-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me.

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.