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SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29939

Registration District No. 863 Primary Registration District No. 6137 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural Piney Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community 613

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town 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.

3. (a) PRINT FULL NAME Brina Carolin Crabtree
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband ~~or wife~~ JAMES CRABTREE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 19 (Day) 1863 (Year)
8. AGE: Years 77 Months 9 Days 15 If less than one day hr. min.
9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
MOTHER FATHER
12. Name Joe Bracket
13. Birthplace (City, town, or county) Tenn (State or foreign country)
14. Maiden name Mahaley Eaheart
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant J. H. Crabtree
(b) Address Houston, Mo.
17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 8/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation McBride
18. (a) Signature of funeral director Harford W. Elliott
(b) Address Houston, Mo.
19. (a) 8-5-40 (Date received local registrar) (b) Mabel Shackleford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1940 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from 12-15, 1940 to Aug 4, 1940 that I last saw her alive on Aug 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIC COMA
Due to CHRONIC NEPHRITIS
Due to ~~CAU~~ HYPERTENSIVE CARDIO-RENAL-VASCULAR DISEASE
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (f) Means of injury
23. Signature L. M. Dillman (M. D. or other) M.D.
Address HOUSTON, MO. Date signed 8-5-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District File Number 940907
Date Filed

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.