

NOV 20 1940

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36137

BUREAU OF THE CENSUS
NOV 2 1940

Registration District No. 735

Primary Registration District No. 3054

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
113 So 6th St. 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 113 So 6th
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas P. Crabb

9. (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 Mabel Crabb

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

7. Birth date of deceased: Oct 17th 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business U.S. Post Office

MOTHER FATHER

12. Name Samuel Crabb

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Duncan

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Opal Crabb

(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof 10-15th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) Oct. 15-1940 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1940 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 6
1940 to Oct 13 1940
that I last saw him alive on Oct 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

925
While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Paul Williams (M. D. or other) _____

Address Moberly, Mo. Date signed Oct. 14, 1940

Duration 1 year

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2165

Date Filed NOV 14 1940

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 S. G. Watt
Licensed Embalmer No. 3071
P. O. Address Mobile

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.