

Registration District No. 375

Primary Registration District No. 5523

Registrar's No.

1. PLACE OF DEATH:

(a) County HOLT  
(b) City or town OREGON MO. Not a city or town RURAL  
(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 \_\_\_\_\_  
In this community 10 YEARS / (Specify whether years, months or days)

8. (a) PRINT FULL NAME MRS. SARAH CREWES.

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MILTON CREWES 6. (c) Age of husband or wife if alive about 55 years

7. Birth date of deceased unknown (Month) unknown (Day) 1924 (Year)

8. AGE: Years 67 Months - Days - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

11. Industry or business Shop Collins

MOTHER FATHER { 12. Name Floyd Collins  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Collins  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hettie McCloud

(b) Address Oregon mo

17. (a) Fillmore (b) Date thereof: 4-23-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore

18. (a) Signature of funeral director W. Neal Urbane

(b) Address Savannah my

19. (a) April 2 1941 (b) Edith Pent (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44  
(c) City or town Oregon Rural  
(If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from April 21, 1941, to April 21, 1941;  
that I last saw him alive on April 21, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 hours

Due to \_\_\_\_\_

Due to 94 W

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy none

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 none

(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? 336

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature W. Neal Urbane (M. D. or other) W

Address Oregon mo Date signed April 22/41

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

**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. Fred Terhune*

Licensed Embalmer No. *1279*

P. O. Address *Savannah Ga*

**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.**