

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28512

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence

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

(d) Length of stay: In hospital or institution 2 days 0
(Specify whether years, months or days)

In this community 26 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 047

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

(d) Street No. 104 Bowen Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Crow

3. (b) If veteran name war _____

3. (c) Social Security No. 490-09-2086

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9- day 4 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-2-41 19____ to 9-4-41 19____ that I last saw him alive on 9-4-41 19____ and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida C Crow

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Mar. 6 1891
(Month) (Day) (Year)

Immediate cause of death Circulatory failure - Duration 3 days

Due to Strangulated - intestinal hernia 5 days

Due to _____

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

8. AGE: Years 50 Months 5 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Bus Driver

Major findings: Strangulated hernia - gangrenous loop ileum.

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name David F Crow

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

14. Maiden name Janet Frew

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

16. (a) Informant Mrs Ida Crow

(b) Address 104 Bowen Indep. Mo.

17. (a) Burial (b) Date thereof Sept. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maier Home

18. (a) Signature of funeral director Edith E. Spauls

(b) Address Independence Mo.

19. (a) Sept. 6 41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

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) _____

(c) Means of injury _____

23. Signature R. F. Bard M.D. (M. D. or other) _____

Address Independence Mo Date signed 9/4/41

844
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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Roland R. Speaks
Licensed Embalmer No. 3604
P. O. Address Independence, 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, fact should be so stated above.