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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 296

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~5413~~ 4180

State File No. 41807

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union ~~[illegible]~~ (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 ✓ (Specify whether

In this community 16 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Union 36 (If outside city or town limits write "RURAL")

(d) Street No. Union mo. 5 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Erna Lee Crews.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased November 20th 1941 (Month) (Day) (Year)

8. AGE: Years | Months | Days 16 | If less than one day hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Jesse Crews.
13. Birthplace Gerald (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mable Louise Kreibaum
15. Birthplace Gerald (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Jesse W Crews.

(b) Address Union Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 9 41 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Gregory Cemetery Gerald Mo.

18. (a) Signature of funeral director E. H. Eltzham

(b) Address Union Mo.

19. (a) 12-6-41 (Date received local registrar) (b) Louis F. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th. year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Dec 6, 1941 that I last saw her alive on Dec 5, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity Pertussis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. M. Denny (M. D. or other) MD

Address Union Mo Date signed 12-7-41

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.