

U. S. No. 2
M-9-4-41
Rev. 5-17-39
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11770

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1942 744

Registration District No.

Primary Registration District No. 3035

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond city
(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 years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

3. (a) PRINT FULL NAME Willis H, Crowley

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Emma S. Crowleu 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 2. 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>27</u> hr. min.

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

10. Usual occupation Farming

11. Industry or business.....

12. Name Thomas Crowley

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

14. Maiden name Mary Ann Wells

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

16. (a) Informant Guy T. Crowley

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Mar. 31. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cemetery

18. (a) Signature of funeral director L. Hummer

(b) Address Richmond Mo.

19. (a) April 10, 1942 (b) Chas. W. Sheppard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1942
to Mar. 29, 1942
that I last saw him alive on Mar. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pylorus of stomach 2 years

Due to.....

Due to.....

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

Major findings: H6 f

Of operations.....

Of autopsy.....

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

23. Signature Dr. E. J. Kerans (M.D. or other) ABDO
Address Richmond, Mo. Date signed Mar 31, 1942

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

19
1
1

1174

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-13-42

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, ~~###~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2073

P. O. Address Richmond 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.