

FILE SEP 21 1942

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No 12  
(If not in hospital or institution, write street number or location) 9 m

(d) Length of stay: In hospital or institution 7 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Crowley

3. (b) If veteran, name war etc

3. (c) Social Security No. etc

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife etc

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

7. Birth date of deceased: 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months Days If less than one day hr. min.

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

10. Usual occupation Lumber

11. Industry or business

MOTHER FATHER

12. Name Tom Crowley

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

14. Maiden name Johannah Guinness

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

16. (a) Informant Record

(b) Address A. Marys K. E. M. Co

17. (a) A. Marys K. E. M. Co (b) Date thereof Aug 25-42  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director James J. T. ...

(b) Address 204 ...

19. (a) 8-23-1942 (b) Joan ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Aug  
year 1942 hour 11 minute PM M.

21. I hereby certify that I attended the deceased from 8/22/42 1942 to 8/22/42 1942  
that I last saw him alive on 8/19/42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr

Due to Arteriosclerosis

Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature George W. Reers (M. D. or other) MD  
Address Fulton Mo Date signed 8/23/42

10947\*

**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.....

*Charles M. Quinn*

Licensed Embalmer No.....

*3174*

P. O. Address.....

*R. E. Moore*

**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.**