

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31157

Do not use this space.

1. PLACE OF DEATH

(a) County Way Registration District No. 298 89
 (b) Township Path Primary Registration District No. UVV8 0
 (c) City Lawson Mo. (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 17

2. PRINT FULL NAME

Ellis Jackson Crowley
 (a) Residence, No. LAWSON Mo St. (If non-resident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Kate Scott Crowley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 20, 1888</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Matron</u>	11. Total time (years) spent in this occupation <u>11</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Street Railway</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LAWSON Mo</u>		
FATHER	13. NAME <u>Edward Crowley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>9</u>	
MOTHER	15. MAIDEN NAME <u>Gora Roberts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>9</u>	
17. INFORMANT (ADDRESS) <u>Jay Crowley</u> <u>Lawson Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawson Mo</u> DATE <u>9/3</u> 19 <u>42</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. W. Manow</u> <u>Lawson Mo</u>		
20. FILED <u>9</u> 19 <u>42</u> <u>W. A. Black</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12th 1942
Aug. 30th 1942 Sept 12th 1942
 22. I HEREBY CERTIFY That I attended deceased from Aug. 30th 1942 to Sept 12th 1942
 I last saw him alive on Aug. 31 1942 Death is said to have occurred on the date stated above, at 10^{am} m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset Aug 30th
28th
1942
 Other contributory causes of importance: 10⁹
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Edwin Shouse M. D.
 (Signed) Lawson Mo
 (Address) Lawson Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-2-42

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, or by.....

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

Signed *Scott W. Beckensmith*

Licensed Embalmer No. 3597

P. O. Address *Galvin Springs, 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, above space should be left blank.