

FILED FEB 10 1943

Registration District No. **206**

Primary Registration District No. **3042**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Fredericktown**
(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..... years, months or days)

3. (a) PRINT FULL NAME **Rose Etta Crowder**

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 **Married**
6. (b) Name of husband or wife **Marvin W. Crowder**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **September 18 1898**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 3 20 hr. min.

9. Birthplace **Mill Creek Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Levi Revelle**
13. Birthplace **Mill Creek Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Francis Kenney**
15. Birthplace **Madison County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marvin W. Crowder**
(b) Address **Fredericktown, Missouri**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-11-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Madison County, Mo.**

18. (a) Signature of funeral director **Stanley A. Dixon**
(b) Address **Fredericktown, Missouri**

19. (a) **Jan 11 1943** (Date received local registrar) (b) **S. E. Slaughter** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**
(c) City or town **Fredericktown**
(If outside city or town limits, write "RURAL")
(d) Street No. **417 North Main**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8th.**
year **1943** hour **3:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 31 1942 to Jan 8 1943**
that I last saw her alive on **Jan 8 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured Cardiac Compensation 1 day**

Due to **Hypertension**

Due to **Chronic Nephritis**

Other conditions **Carcinoma of uterus developing**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **S. E. Slaughter** (M. D. or other)
Address **Fredericktown** Date signed **1-9-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECORDED

District Health Officer No. 4

District File Number 243-178

Date Filed 2-9-43

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 Stanley H. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.