

FILED SEP 8 1943 32

Registration District No. 32

Primary Registration District No. 5115

Registrar's No. 3

1. PLACE OF DEATH:  
 (a) County Bollinger  
 (b) City or town Arbae White Water Swg  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4 miles N. Sedgewickville  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Bollinger  
 (c) City or town Arbaeheim  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4 mi. N. of Sedgewickville  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Crites  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 19th  
 year 1943 hour 11:30 minute PM M.

4. Sex female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife William Crites  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 28 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1943 to Aug 19th 1943  
 that I last saw her alive on Aug 6th 1943  
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>81</u> | <u>3</u> | <u>21</u> | hr. _____ min.       |

Immediate cause of death Bronchitis & Hypertension  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions 106c  
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeping

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Henry Crites  
 13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Clara Seabaugh  
 15. Birthplace Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Crites  
 (b) Address Freshman, Mo. RR # 1

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)

17. (a) Burial (b) Date thereof 8-20-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Larson's Chapel

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Shepherd  
 (b) Address Jackson, Mo.

23. Signature Edgar Crites (M. D. or other) \_\_\_\_\_  
 Address Sedgewickville Date signed 8/20/43

19. (a) Aug 28 1943 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

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

9000

RECEIVED

EX 70 1042  
District Health Officer No. 4  
District File Number 943-26  
Date Filed 9-7-43

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.....

*Body was not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Gene C. Oracraft*.....

Licensed Embalmer No. *4327*.....

P. O. Address, *Jackson, 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.