

FILED DEC 22 1943

Registration District No. 17

Primary Registration District No. 2016

Registrar's No. 266

1. PLACE OF DEATH:

(a) County X~~Missi~~ Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural Russellville, Mo.
(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 Minnie Crow

3. (b) If veteran, name war No.

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1943 hour 5 minute 27 P. M.

21. I hereby certify that I attended the deceased from December 12, 1943 to December 13, 1943 that I last saw her alive on December 13, 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased June 20, 1866
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage

Due to _____

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>05</u>	<u>23</u>	hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Gilmore

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

14. Maiden name Margery Baker
(City, town, or county) (State or foreign country)

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

16. (a) Informant Homer Dunavant

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Victor Bruster

(b) Address Jefferson City, Mo.

19. (a) 12-14-43 (Date received local registrar) (b) Norma Richter
(Registrar's signature)

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 Victor Bruster (M.D. or other) _____

Address Jefferson City, Mo. Date signed 12/14/43

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

26
5
4

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..... *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address..... *Jefferson City*

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.