

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3777**

FILED FEB 14 1944

Registration District No. 119

Primary Registration District No. 4872

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Burlington Junction
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Burlington Junction
(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 Amy Lou Elizabeth Crilly

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 Widow
6. (b) Name of husband or wife Frank Crilly 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 1850
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Vanderpool
13. Birthplace Lynn Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie West
(b) Address Burlington Junction Mo

17. (a) Removal (b) Date thereof 1-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph, Mo.

18. (a) Signature of funeral director Care Clark
(b) Address St Joseph Mo

19. (a) Jan 25 1944 (b) Mrs M. S. Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1944 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 25 1944 to Jan 25 1944
that I last saw her alive on Jan 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration 2 days

Due to Influenza 5 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations _____
Of autopsy _____

Duration
2 days
5 days
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) (c) Means of injury _____

23. Signature L. E. Wallace (M. D. or other) D.O.
Address Burlington, Mo. Date signed 1-25-44

(Licensed Embalmer's Statement on Reverse Side)

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

74
0
0

1269

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.....

Licensed Embalmer No.....

P. O. Address.....

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.