

FILED FEB 14 1944

Registration District No. 254

Primary Registration District No. 4386 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Thayer
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon
 (c) City or town Thayer
 (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 Walter David Crews

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-14-3666

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 7 1919
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 1 11 hr. min.

9. Birthplace Oregon County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {
 12. Name Bud Crews
 13. Birthplace Oregon County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Maggie Swan
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Bud Crews

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 12/20/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cem.

18. (a) Signature of funeral director Geo Carr

(b) Address Thayer, Mo.

19. (a) 2-5-44 (b) Geo D. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
 year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1943 to Dec 18 1943
 that I last saw him alive on Dec 18 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: 1st man. Tuberculosis intestinal Tuberculosis Duration 2 yrs 6 mos

Due to _____

Due to _____

Other conditions: 13 fl
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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) (e) Means of injury _____

23. Signature Geo D. Williams (M. D. or other) MO

Address Thayer, Mo. Date signed _____

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

RECEIVED

District Health

Officer No. 6

District File Number

244142

Date Filed

9-10-44

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.