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FILED MAR 3 1944
Registration District No. **30944**

Primary Registration District No. **5103**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Benton**

(b) City or town **Rural, Lindsey Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 1, Lincoln
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

(c) City or town **rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route # 1, Lincoln**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Montrose C. Crites**

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Amanda Richey Crites** 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: **May 9 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	8	hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Henry Crites**

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

14. Maiden name **Mary Finley**

15. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chas. Burkhart**

(b) Address **Lincoln, Missouri**

17. (a) **Burial** (b) Date thereof **1-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**
(b) Address **Windsor, Mo.**

19. (a) **Feb 8-1944** (b) **Jas. A. Logan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17**
year **1944** hour **5:30 p m** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan., 1, 1944**, 19____, to **Jan., 17, 1944**, 19____;
that I last saw him alive on **Jan., 16, 1944**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic mycarditis**

Due to _____

Due to _____

Other conditions: **nephritis**

(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?
(Specify type of place)

While at work? _____ (e) Means of injury **2**

23. Signature **Laura Chalk** (M. D. or other) **J. D. D.**
Address **Warsaw, Mo.** Date signed **1/20/44**

MOTHER FATHER

Duration
1 yr.
131
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-44-189

Date filed 3-2-44

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 E. M. Hester

Licensed Embalmer No. 3391

P. O. Address Winder, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.