

FILED APR 28 1944  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 317

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield,

(c) Name of hospital or institution: 1251 University  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether  
years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 1251 University  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lellous Orlando Crowder

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

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

6. (b) Name of husband or wife Ursula Crowder 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 15, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>23</u>	.....hr. ....min.

9. Birthplace Newburg, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Time Keeper Railroad

11. Industry or business Newberry Crowder

12. Name Unknown 13. Birthplace Tenn.  
(City, town or county) (State or foreign country)

14. Maiden name Rebecca Sawyer 15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ursula Crowder

(b) Address Springfield, Missouri

17. (a) BURIAL (b) Date thereof 4-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE PARK CEMETERY  
Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director Springfield, Missouri

(b) Address Springfield, Missouri

19. (a) 4-13-44 (b) K. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th,  
year 1944 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Noo. 1943 to Apr. 8<sup>th</sup> 1944  
that I last saw him alive on in Feb. 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Decompenating heart

Due to Chronic myocarditis 2955

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death) 93d

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?  
While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature C. E. Teller (M. D. or other)

Address Springfield, Mo. Date signed 4/13/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.

MAY 19 1944

Signed *Keith Collier*

Licensed Embalmer No. *3632*

P. O. Address *Springfield 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.**

MAY 19 1944

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