

No. 2  
-12-45  
-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33151**  
Registrar's No. **98**

**FILED** **OCT 17 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **5370**

1. PLACE OF DEATH:  
 (a) County **Daviess**  
 (b) City or town **"Rural" Union Township**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Daviess County Home 5**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Year**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Daviess**  
 (c) City or town **"Rural" Jefferson Twp.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **---**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT **Benjamin Franklin Crowder**  
 FULL NAME  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Divorced**  
 6. (b) Name of husband or wife **Ann Stackhouse**  
 6. (c) Age of husband or wife if alive **Unknown** years  
 7. Birth date of deceased **Feb. 27 1868**  
 (Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **23**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Daviess County Missouri**  
 (City, town, or county) (State or foreign country)  
 Usual occupation **Carpenter**

11. Industry or business **Same**  
 12. Name **Thomas B. Crowder**  
 13. Birthplace **Unknown Kentucky**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Sallie (Unknown)**  
 15. Birthplace **Unknown Kentucky**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Cleo Crowder**  
 (b) Address **Winston, Missouri**  
 17. (a) **Burial** (b) Date thereof **9-22-1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Shambaugh-Cope Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**  
 (b) Address **Gallatin, Missouri**  
 19. (a) **9-22-46** (b) **W. Eugene Engert**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **20**  
 year **1946** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 1946** to **Sept 20 1946**  
 that I last saw him alive on **Sept 20 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Chronic Myocarditis 3 yrs**  
**Coronary Arteriosclerosis 3 yrs**

Other conditions (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 **W. Eugene Engert** (M. D. or other) **2**  
 Address **Gallatin, Mo.** Date signed **9-26-46**

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

31973

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed

*L. O. Richerson*

Licensed Embalmer No. *3397*

P. O. Address *Gallatin 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.**