

FILED NOV 12 1946
Registration District No. 267

Primary Registration District No. 304 5902

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti Rural
(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 10 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Hayti Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME George Wash Mc Crow

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

4. Sex male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cordellia Mc Crow 6. (c) Age of husband or wife if alive 1876 years

7. Birth date of deceased Dec. 27,
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 15
If less than one day hr. _____ min.

9. Birthplace Lexington Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Cotton Farming

12. Name Till Mc Crow
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Cordellia Mc Crow
(b) Address Hayti R. 1 Mo.

17. (a) Burial (b) Date thereof 10/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Rural

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti Mo.

19. (a) 10-31-44 (b) W. Kelley
(Date received the local registrar's signature) (Registrar's signature)

365- (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1946 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from September 1944 to Oct 12, 1946
that I last saw him alive on 10-12-1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations § 3A
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 W. Master (M. D. or other) 2
Address Hayti Date signed 10-15-46

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

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

11-46-240

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.....

Jack Kelly

Licensed Embalmer No.

3788

P. O. Address.....

Dept. Ins.

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, above space should be left blank.