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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946
Registration District No. 100

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37686**
Registrar's No. 123

Primary Registration District No. 5719

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town rural Ten Mile
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon 61
(c) City or town rural
(d) Street No. Anabel Mo. R. 1. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Viola May Crowell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female race W
5. Color or race _____
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 13 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife

11. Industry or business _____
12. Name David Fuller
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Sarah Pinkerton
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Ms Anne Gilman
(b) Address Anabel Mo. R. 1.
17. (a) Burial (b) Date thereof 11-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director Stephens & Gooding
(b) Address Mason Mo
19. (a) Nov 20-46 (b) Paul McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 2
year 1946 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from 1 May 1941 to Nov. 2 1946
that I last saw her alive on Nov. 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 6 months
Due to cholecystitis 10 years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 46F
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) Manner of injury _____
23. Signature B. L. Edgington (M.D. or other) D.D.
Address Clarence Mo. Date signed Nov. 17, 1946

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RECEIVED
District Health Officer No. 10
District File Number 20-46-2130
Date Filed NOV 25 1946

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 *O. L. Stephens*

Licensed Embalmer No. *3057*

P. O. Address *Macon, Ma*

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.