

FILED FEB 10 1947
Registration District No. 8

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 119 days
(Specify whether years, months or days)

In this community 119 days

3. (a) PRINT FULL NAME Hebrew Andrew Crippen

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 24 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>8</u>	<u>3</u>	hr. _____ min.

9. Birthplace: Winchester Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Walter Crippen

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

14. Maiden name Rebecca

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan - 31 - 1947
(Month) (Day) (Year)

(c) Place: burial or cremation State Cen. Mt. Vernon, Mo.

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt. Vernon, Mo.

19. (a) 2-1-47
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 505 So. 6th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th
year 1947 hour 4:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct. 1 1946 to Jan 27 1947;
that I last saw him alive on Jan 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pulmonary tuberculosis Abt. 2 yrs

Due to _____

Due to _____

Other conditions Diabetes mellitus Abt. 5 yrs
(Include pregnancy within 3 months of death)

Major findings: 13B

Of operations _____

Of autopsy Pul. tbc. bilateral, pericardial effusion, congestion, liver and kidneys and spleen. Atrophic pancreas.

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 Roy W. Dickmay (M. D. or other) _____

Address Mt. Vernon, Missouri Date signed 1-27-47

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RECEIVED

District Health Officer No. 6,

District File Number 247-185-

Date Filed FEB 6 1947

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 Max L. Frost

Licensed Embalmer No. 4282

P. O. Address Millers, 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.