

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 116 South 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette 54

(c) City or town Luxington 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 116 South 21  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN THOMAS CROWE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex ma d

5. Color or race W

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

6. (b) Name of husband or wife Vivrey Bramlett

6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased June 18 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Atlanta Ga  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Thomas Crowe

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

14. Maiden name not known

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

16. (a) Informant Mrs. Clarence Rogers

(b) Address Luxington, MO

17. (a) Burial (b) Date thereof 3-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, MO

18. (a) Signature of funeral director James E. Dungey

(b) Address Luxington, MO

19. (a) W. April 47 (b) Wm. E. Embler  
(Date received local registrar) (Registrar's signature) 156

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 year 1947 hour 7 minute 32 M.

21. I hereby certify that I attended the deceased from Mar 26 to Mar 26, 1947  
that I last saw him alive on Mar 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration \_\_\_\_\_

Due to 70 years of oschura

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 112

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(c) 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 JOC (M. D. or other) \_\_\_\_\_

Address Luxington MO Date signed 3/27/47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-23-47

*copy*

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Levington, N.C.

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.