

No. 2  
2-45  
17-39  
X47070

FILED APR 17 1947

5725

Registrar's No. 176

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural Hudson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
S. H. O. S.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route #2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME M. CLIFTON CROW

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Arndt 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 21 1900  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>46</u> | <u>8</u> | <u>12</u> | hr. _____ min.       |

9. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Lewis Crow

13. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alma Clifton

15. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Crow

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 4/6/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jewell Cemetery

18. (a) Signature of funeral director J. E. Kelly

(b) Address Kirkville, Missouri

19. (a) 4-10-47 (b) Ruth Mcneely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1947 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 21, 1947, to April 3, 1947  
that I last saw him alive on April 3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insane  
Duration 3 years

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

Other conditions Chronic nephritis  
(Include pregnancy within 3 months of death)

Major findings: 30 B  
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 2

23. Signature Andrew T. Still sub. P. O. or other  
Address macon, mo Date signed 4-3-47

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

MAR 22 1950

RECEIVED  
District Health Officer No. 10  
District File Number 44273  
Date Filed APR 15 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 *D. W. Riley*  
Licensed Embalmer No. 4181  
P. O. Address *Pinckville*

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.