

No. 2  
12-45  
17-39  
X47070

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

FILED DEC 26 1947

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

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

Primary Registration District No. 5181

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Rural Apple Creek Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 miles N. West Daisy Mo. 1  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau  
(c) City or town Rural Apple Creek Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 mile N.W. - Daisy Mo.  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DAVID R. CRITES

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

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

6. (b) Name of husband or wife Anna Hake Crites 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 13, 1863  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Daisy Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name Ephriam Crites

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

14. Maiden name Anna Middleton

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

16. (a) Informant P. O. Crites

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Nov. 29, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director J. Miller

(b) Address Jackson

19. (a) 12-16-47 (b) D. G. Sulser  
(Date received local registrar) (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27  
year 1947 hour 4 minute 30

21. I hereby certify that I attended the deceased from July 1st to July 27th 1947  
that I last saw him alive on Nov 26th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myo. Carditis

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

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

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

Major findings: Of operations 93E  
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 Edw. Crites (M. D. or other) \_\_\_\_\_

Address Sidgumchullo Mo. Date signed 11/28/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 1247-160  
Date Filed 12-24-48

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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

*Gene C. Cracraft*

Licensed Embalmer No.

4377

P. O. Address

*Tarboro, 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.