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FILED DEC 7 1948

State File No.

Registration District No. 16

Primary Registration District No. 5152

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural, Rockford Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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)

In this community 2.0 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Palo Rockford Twp
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Mattie L. Crowley

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

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21 year 1948 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 11, 1947 to Nov 21, 1948.

that I last saw her alive on 11-21, 1948, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Feb 16 1884
(Month) (Day) (Year)

Immediate cause of death, Myocardial Exhaustion Duration 2 days

Due to Tularemia 4 mo

Due to.....

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

64 9 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Hugh Rhodes 4

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Sally

15. Birthplace not known (City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy..... 26 W

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

16. (a) Informant S. B. Crowley

(b) Address Clinical Mo

17. (a) Burial (b) Date thereof 11-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Ridge

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?.....

18. (c) Signature of funeral director Alphons Crowley

(b) Address Palo Mo

19. (a) Nov 30/48 (b) Cladyo Jones
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury 0

23. Signature Ch W Wilson M.D. (M. D. or other) 0

Address Palo Mo Date signed 11-22-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Wayne A. Hallaman, Registered Apprentice No. 77
working under my personal supervision.

Signed Dean A. Alspaugh
Licensed Embalmer No. 2908
P. O. Address Polo, 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.