

FILED JAN 11 1949

State File No. _____

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 1158

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, South Cambell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether
In this community 6 hours
years, months or days)

3. (a) PRINT FULL NAME Howard Lee Crewse
3. (b) If veteran, name war None
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 Child
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 20, 1942
(Month) (Day) (Year)

8. AGE: Years 6 Months 0 Days 17
If less than one day hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

12. Name Edward Crewse

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

14. Maiden name Hattie Greenlee

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

16. (a) Informant Mrs. Hattie Crewse

(b) Address Huggins, Missouri

17. (a) Burial (b) Date thereof 1/9/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huggins, Missouri

18. (a) Signature of funeral director Barber Funeral Home

(b) Address Mt. Grove, Missouri

19. (a) 1-8-49 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas 107
(c) City or town Hugging
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1949 hour 8 minute 33 A.M.

21. I hereby certify that I attended the deceased from
Jan 7, 1949 to Jan 7, 1949
that I last saw him alive on Jan 7, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death: Sepsis and neurocirculatory collaps
Duration _____

Due to Liptomeningitis

Due to Fulminating meningococcemia (portal unknown)

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 0571
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 Y

23. Signature Richard C. Witzel MD
Address 700 E. Lincoln Date signed 1/7/49

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

2
3
39
5697

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 *L. Lashin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.