S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948
Registration District No. 3176

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37794

Primary Registration District No. 6075

Registrar's No. 359

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Esther, Mo 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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town Esther 4
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Clara Mae Crepps

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife William Crepps

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

7. Birth date of deceased Sept. (Month) 11 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	0	hr. min. 5

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

10. Usual occupation care of home

11. Industry or business

FATHER
12. Name Thomas Madison 9
13. Birthplace unknown 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Thomlison
15. Birthplace unknown 9 (City, town, or county) (State or foreign country) 1

16. (a) Informant Victor Crepps
(b) Address Esther, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation Esther, Mo.

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address Desloge, Mo.

19. (a) 11-16-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1948. hour 3 minute 12 P.M.

21. I hereby certify that I attended the deceased from July 1, 1947, to Nov 10, 1948, that I last saw her alive on Nov 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Bronchopneumonia	
Due to	Circumstances	
Due to	Ca of breast	
Other conditions (Include pregnancy within 3 months of death)		
Major findings: Of operations	10	
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? (Specify type of place)

While at work? (e) Means of injury D

23. Signature [signature] (M. D. or other)

Address Farmington Mo. Date signed 11-16-48

0 (Licensed Embalmer's Statement on Reverse Side)

Certificate No. 4
Number 114-8-1445
Date 11-22-48

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 R. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Leadge 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.