

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15980

Registration District No. 934

Primary Registration District No. 6026

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Genevieve Mo
(b) City or town Weingarten Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days 1 1/2

3. (a) PRINT FULL NAME Lena Viola Crawley CRAWLEY

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

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

6. (b) Name of husband or wife William Crawley 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 19 - 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Calvin Gassett

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

14. Maiden name don't no

15. Birthplace don't no
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Crawley

(b) Address Weingarten Route 1

17. (a) Burial (b) Date thereof Apr. 29 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weingarten R. 1 Little Valley

18. (a) Signature of funeral director C. G. Boyer

(b) Address Dealoge Missouri

19. (a) Apr 29 40 (b) Rev Joseph A. Hasser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve
(c) City or town Weingarten Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. Union Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 (26)
year 1940 hour _____ minutes 1 P. M.

21. I hereby certify that I attended the deceased from Oct - 1938
April 26 1940 to April 26 1940
that I last saw her alive on Jan - 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Convolusions - 1 day
Duration

Due to Nephritis (Chronic) - 2 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: 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) _____ Means of injury _____

23. Signature L. M. Starfield (If D. O. S. other) SO

Address Franklin St. Jno Date signed 4/29/40

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

REV. 5-17-39 I X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *C. Z. Bayer*.....
Licensed Embalmer No..... *1671*.....
P. O. Address..... *Desloge*.....

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, above space should be left blank.