

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.

FILED JUN 14 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19342  
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Ray* Registration District No. *742*

(b) Township *Park* Primary Registration District No. *5977a* Registered No. \_\_\_\_\_

(c) City *Jamison* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred *59* yrs. *6* mos. *17* da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT-FULL NAME *1040* *Harriet Babcock Crowley*

(a) Residence, No. *Jamison Mo* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *W. D. Crowley*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 4, 1881*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<i>58</i>	<i>6</i>	<i>18</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as saw mill, bank, etc. *Home.*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rural Jamison Mo*

13. NAME *Richard W Babcock*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Jamlinson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *W. D. Crowley*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jamison Mo* DATE *May 24* 19*40*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. W. Morrow Jamison Mo*

20. FILED *May 28* 19*40* *Edwin Shouse* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22* 19*40*

22. I HEREBY CERTIFY, That I attended deceased from *May 22* 19*40*, to *May 22* 19*40*

I last saw *her* alive on *May 22* 19*40* Death is said to have occurred on the date stated above, at *1:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Toxic Myocarditis  
Cardiac failure  
Generalized pneumonia  
secondary to primary  
uterine or ovarian carcinoma*

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) *Detys E. Buchner* M. D. (Address) *Jamison Mo*

EMERALD STATE COLLEGE OF ARTS AND SCIENCES  
1000 UNIVERSITY AVENUE  
SACRAMENTO, CALIF. 95833

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 6-17-90

**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 \_\_\_\_\_, working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *E. J. Ackermann*

Licensed Embalmer No. 3597

P. O. Address *El Dorado Springs, 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, above space should be left blank.