

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

No. 2
-2-43
-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6083
State File No.

FILED MAR 6 1946
Registration District No. 156 Primary Registration District No. 5001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 2502 Vandalia
(d) Length of stay: In hospital or institution. 44 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(d) Street No. 2502 Vandalia
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Davis Crowe
3. (b) If veteran, name war World War I
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Artemissa 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 20 1880
8. AGE: Years 65 Months 7 Days 0

9. Birthplace Bellaire Ohio
10. Usual occupation Cook

11. Industry or business

MOTHER
12. Name John Crowe 9
13. Birthplace Unknown 1
14. Maiden name Maria Davis 4
15. Birthplace Unknown 4

FATHER
16. (a) Informant Artemissa Crowe
(b) Address 2502 Vandalia
17. (a) Burial (b) Date thereof 2-25-46
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo
19. (a) 2-26-46 (b) Ed James
(c) (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb day 20th year 1946 hour 12:00 minute Noon M.
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Due to Pulmonary Infarction
Other conditions: (include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: 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?
(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
23. Signature: Dr. Dwight H. (M. D. or other) Address: 5114 Joplin Date signed 2/25/46

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

1345 (Licensed Embalmer's Statement on Reverse Side)