

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **28919**

Registration District No. **4673** Primary Registration District No. **4280**

Registrar's No. **48**

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Aurora**
(c) Name of hospital or institution: **Aurora Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Hospital 1 Day**
(Specify whether
In this community **2 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Rural (Mt. Vernon Twnshi p**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D # 1 Aurora Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Sylvanus Leonard Crawford**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **505-12-0152**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Murel Crawford** 6. (c) Age of husband or wife if alive **Not Known**
7. Birth date of deceased **May 8 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **3** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **? Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Farm**

12. Name **Not Known**

13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Franklin [unclear]**

(b) Address **Aurora Mo. R.F.D. # 1**

17. (a) **Burial** (b) Date thereof **Aug. 13 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Orange Cemetery**

18. (a) Signature of funeral director **J. F. King**

(b) Address **Aurora Mo. 415**

19. (a) **9-2-40** (b) **H. D. Cavan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
year **1940** hour **6** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **August 11**
19**40** to **Aug 12**, 19**40**
that I last saw him alive on **Aug 12**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Fiber Pneumonia** Duration **?**
Due to **Ch Myocarditis** **?**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **None** PHYSICIAN _____
Of operations _____
Of autopsy **None** 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 _____
23. Signature **R. L. Cowan** (M. D. or other) **MD**
Address **Aurora, Mo** Date signed **7-4-40**

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

RECEIVED

District Health Officer No. 6,

District File Number 940-2576

Date Filed SEP 11 1940

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

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.