

No. 29
1-35
X21492

FILED FEB 18 1941

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Washington
(If outside city or town limit, write "RURAL")
(d) Street No. 904 W. Columbia St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1941 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from Dec 23
_____, 1940 to Jan 3, 1941;
that I last saw him alive on Jan 3, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: Rt. pneumonia
Due to: lobar pneumonia
Due to: _____
Other conditions (Include pregnancy within 3 months of death): 106
Major findings:
Of operations: _____
Of autopsy: _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Arthur T. Crawford

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Margaret Roland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 3 1873
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Memphis - Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name John C. Crawford
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name May
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. T. Crawford
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof 1-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Washington and Co
(b) Address Washington

19. (a) Jan 4-1941 (b) B. P. Robinson
(Date received local registrar) (Registrar's signature)

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 F. Richard Crouch (M. D. or other) W. D.
Address Washington, Mo. Date signed 1-6-41

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

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 _____

Licensed Embalmer No. 40874

P. O. Address San Juan

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4117

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 773

Primary Registration District No. 4464

Registrar's No.

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town.
(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.
In this community years, months or days

3. (a) PRINT FULL NAME Arthur T Crawford

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

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

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

7. Birth date of deceased. Oct 3 187 (Month) (Day) (Year)

8. AGE: Years 67 Months 23 Days 0 If less than one day hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name. 13. Birthplace. (City, town, or county) (State or foreign country) 14. Maiden name. 15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. (b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year) (c) Place: burial or cremation.

18. (a) Signature of funeral director. (b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County. (c) City or town. (If outside city or town limits write "RURAL") (d) Street No. (If rural, give location) (e) If foreign born, how long in U. S. A. years.

19. DATE OF DEATH. Month Jan day 3 year 1974 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to. Due to. Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autopsy.

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 F. Richard Crouch (M. D. or other) Address Farmington Mo Date signed.

SUPPLEMENTAL COPY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

