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FILED JUN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19382

State File No. ~~1235~~

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Adair Salt River
(b) City or town Hurdland P.F.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 80 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Hurdland Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi S. H.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME NOAH F. 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 married
6. (b) Name of husband or wife Mary Crawford 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased June 5 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 5 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name James B. Crawford
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Jones
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Crawford

(b) Address Hurdland Mo. P.F.S.

17. (a) Final (b) Date thereof May 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookton Cemetery

18. (a) Signature of funeral director Frank P. Beatty
(b) Address Brookton Mo.

19. (a) May 14 1941 (b) Spencer L. Meerman
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1941 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 13, 1941, to April 20, 1941;
that I last saw h. im alive on April 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Failure of heart
Due to acute Neuritis
general

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1940

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? _____

3 While at work? (Specify type of place) _____
(e) Means of injury 3

23. Signature N. E. Cornstetle (M.D. or other) MO.
Address Brookton Mo. Date signed 5/14-41

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

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1169

Date Filed JUN 18 1941

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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Boston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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