

FILED OCT 21 1941

State File No. _____

Registration District No. 371

Primary Registration District No. 4335

Registrar's No. 5-2

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town California

(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 1

In this community Most of Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monticau

(c) City or town California (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Crawford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1941 hour 3:57 minute 3:57 M.

21. I hereby certify that I attended the deceased from 4-6-1941 to 9-7-1941; that I last saw her alive on 9-7-1941 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Crawford 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov 4 1866 (Month) (Day) (Year)

Immediate cause of death Had a Paralytic stroke about 2 years ago from which she never recovered Duration 2 year

Due to Arteriosclerosis 1 year

8. AGE: Years 75 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

Major findings: 95a

Of operations _____

Of autopsy _____

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

10. Usual occupation House Wife

MOTHER FATHER

11. Industry or business _____

12. Name Abraham Jones

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

14. Maiden name Salina Ann Brown

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

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 _____

16. (a) Informant Mrs. Ross Thomas

(b) Address California MO

17. (a) Buried (b) Date thereof 9/9/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director William J. Fredmeyer

(b) Address California MO

19. (a) 9-9-41 (b) H.R. Popejoy (Date received local registrar) (Registrar's signature)

23. Signature H.R. Popejoy (M. D. or other) 0

Address California MO Date signed 9-11-41

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

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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.....

P. O. Address.....

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, fact should be so stated above.