

FILLED NOV 13 1941

Registration District No. **623**

Primary Registration District No. **5864**

Registrar's No. **6968**

1. PLACE OF DEATH

(a) County Remick
(b) City or town Rural (Hayti)
(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 20 yrs
years, months or days

3. (a) PRINT FULL NAME MINNIE CRAWFORD

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

8. (b) Name of husband or wife Edd Crawford 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 10 15 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation housekeeping

11. Industry or business home

12. Name Anderson Brothers

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

14. Maiden name Sarah Morgan

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

16. (a) Informant Edd Crawford

(b) Address Hayti - Mo

17. (a) Burial (b) Date thereof 10-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo

18. (a) Signature of funeral director Paul H. Hill

(b) Address Hayti - Mo

19. (a) 11/7/41 (b) Pearl Kelley
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Remick

(c) City or town Rural
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1941 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death hemiplegia, & General weakness due to attack of

Due to myocardial infarction which she never regained strength.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10911

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 John V. Woods (M. D. or other) corner
Address Hayti, Mo Oct 27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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11-41-33

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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 ~~by~~

....., Registered Apprentice No.
working under my personal supervision.

Signed *W. H. Hill*

Licensed Embalmer No. 2627

P. O. Address Gilbourn 9110

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.