V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33036
State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 281

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 28 hours (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Macon 61
(c) City or town: La Plata, Mo. Rural 0
(If outside city or town limits, write "RURAL") 0
(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: Gail Crawford
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: 0 Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb (Month) 12 (Day) 1934 (Year)

8. AGE: Years 7 Months 8 Days 17 If less than one day hr. min.

9. Birthplace: Knox Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER
12. Name: Francis Crawford
13. Birthplace: Knox Co Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Rebecca Wolf
15. Birthplace: Macon Co Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Francis Crawford
(b) Address: La Plata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 31-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: La Plata
18. (a) Signature of funeral director: F. S. Christie
(b) Address: La Plata Mo
19. (a) 11/3/42 (Date received local registrar) (b) Mrs. F. L. Waymire (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day October year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1942, to Oct. 29, 1942, that I last saw him alive on Oct. 29, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism following transfusion of Plasma.	15 min.
Due to: Extreme exsanguination from hemorrhage from tooth extraction	
Due to: True hemophilia	hereditary

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

PHYSICIAN
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): XXXXX accidental
(b) Date of occurrence: October 22, 1942. extraction of tooth
(c) Where did injury occur? At home (City or town) La Plata (County) Mo. (State) RFD
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. (Specify type of place)
While at work?
(e) Means of injury: while playing

23. Signature: E. S. Smith (M. D. or other)
Address: E. S. Smith, M. D. Kirksville, Mo. Date signed: Oct 29 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2011
Date Filed NOV - 9 1942

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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, fact should be so stated above.