

FILED DEC 11 1942

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 489

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2015 1/2 Kentucky
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

John Milton Crawford, Jr.

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov-1-1942
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

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

10. Usual occupation _____

11. Industry or business Child

12. Name John Milton Crawford

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

14. Maiden name Wanda Grace Fagerstrom

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

16. (a) Informant John Milton Crawford

(b) Address 2015 1/2 Kentucky Joplin Mo.

17. (a) Burial (b) Date thereof 11-4-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Thornhill - Dillon Mort.

(b) Address Joplin, Mo.

19. (a) 11-20-42 (b) Gertrude Schubert
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
 year 1942 hour 5 minute 9 A.M.

21. I hereby certify that I attended the deceased from 11-1 1941 to 11-4 1942

that I last saw him alive on 11-3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumonia 6 1/2 hrs. of sleep

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 159

Of operations _____

Duration

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) _____

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 0

23. Signature Thornhill (M. D. or other) _____

Address _____ Date signed 11/4

42-11-952

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 Don Petrick
Licensed Embalmer No. 4008
P. O. Address Goplin

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.