

FILED FEB 9 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reid Hospital
(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)

3. (a) PRINT FULL NAME SAMUEL SHELTON CRAWLEY

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sudie Frances Crawley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 21 hr. 0 min.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name William Crawley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sophronia Chapman
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Sudie Frances Crawley

(b) Address Cainsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/25/42
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri.

19. (a) Jan 5 - 1943 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Rural Clay Township
(If outside city or town limits, write "RURAL")
(d) Street No. Cainsville, Missouri.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1942 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 12-20-42
1942, to 12-23 1942

that I last saw him alive on Dec 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction Duration 7 days

Due to Carcinoma of Colon - Splenic
Due to Jejunum

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) _____

(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)
(b) Means of injury 2

23. Signature D. G. Reid (M. D. or other) DO
Address Bethany Mo Date signed 12-23-42

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

FEB 19 1949

STATEMENT BY LICENSED EMBALMER

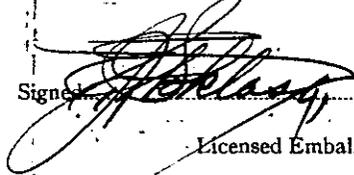
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~###~~

Eddie J. Stoklasa

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.