

No. 2
1-5-42
5-17-39
X12873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3625

State File No. _____

FEB 10 1943
Registration District No. 324

Primary Registration District No. 4475

Registrar's No. 30

1. PLACE OF DEATH

(a) County Saline

(b) City or town Malta Bend
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Malta Bend 0
(If outside city or town limits, write "RURAL")

(d) Street No. Nelson St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) _____
If yes, name country _____ 0

3. (a) PRINT FULL NAME Joe Crawford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
investigating on Jan 21 1943
that I last saw him alive on _____ 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased 1871
(Month) (Day) (Year)

Immediate cause of death Metral Insufficiency

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 92

8. AGE: Years 72 Months unknown Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Saline Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Washington Crawford

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

14. Maiden name Matilda Simpson

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

16. (a) Informant Mrs Fannie Thomas

(b) Address Malta Bend

17. (a) Burial (b) Date thereof 2-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director J. W. Ferguson

(b) Address 117 E Jefferson, Malta Bend

19. (a) 2-2-43 (b) Thos T. O'Weather
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury Saline Co

23. Signature P. L. Lawless Coroner Saline Co
Address Mass Hall No 3 Date signed 1-21-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Number 2-9-43

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

F. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia

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.