

FILED JUN 24 1943

Registration District No. 373

Primary Registration District No. 3037

Registrar's No. 89

55
3
0

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon
(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 18 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon
(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.? _____ years.

55
3
0

3. (a) PRINT FULL NAME Catherine Elizabeth Crawford

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
7. Birth date of deceased Sept 19 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business House Keeper
12. Name Chas Huss
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Andy Crawford
(b) Address Mt Vernon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Cremation Mo

18. (a) Signature of funeral director H. J. Forsett
(b) Address Mt Vernon Mo.

19. (a) 5-28-43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 26 year 1943 hour 5:29 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 11 1942 to 5/26 1943 that I last saw her alive on 5/29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Accident
Due to Chromyocarditis & Endocarditis
Due to Hypertension
Other conditions 9/30
(Include pregnancy within 3 months of death)

Duration

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) (e) Means of injury _____
23. Signature Samuel Glover (M. D. or other) _____
Address Mt Vernon Mo Date signed 5/28/43

RECEIVED

District Health Officer No. 6,

District File Number 643-715

Date Filed JUN 22 1943

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 me.

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

Signed H W Fossett

Licensed Embalmer No. 2201

P. O. Address WATERMAN W.V.

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.