

V. S. No. 2
50M-9-4-41
Rev. 5-17-39
VI X29484

Pickins
28214
State File No. _____
Registrar's No. 636

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 913 158 Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**
(a) County _____
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 weeks old (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2205 N Page St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Irene Crawford
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 8
year 1943 hour 11 minute 30 P M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased July 19 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1943 to July 27, 1943
that I last saw her alive on August 8, 1943,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>20</u>	_____ hr. _____ min.

Immediate cause of death congenital heart defect
Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Baby

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Lester Crawford
13. Birthplace Siola Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Louise Goddard
15. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
Date of occurrence _____
(b) Where did injury occur? _____ (City or town) (County) (State)
(c) 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 _____

16. (a) Informant Lester Crawford
(b) Address 2205 N Page St, Springfield, Mo.
17. (a) Burial (b) Date thereof Aug 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.
18. (a) Signature of funeral director Fred E. Thome
(b) Address 1100 Bonville Ave, Springfield, Mo.
19. (a) 8-10-43 (b) D W E Handley
(Date received local registrar) (Registrar's signature)

23. Signature E. Allen Fulmer
Address Springfield, Mo. Date signed 8-10-43

Duration life
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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. *Not embalmed*

Signed *Ered C. Pieme*.....

Licensed Embalmer No. *2899*.....

P. O. Address *1100 Bonville St.*.....

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.