

Registration District No. **228**

Primary Registration District No. **2000**

Registrar's No. **899**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **SPRINGFIELD MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital**
(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 **GREENE**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **524 S. Campbell**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2nd** (a.m.)
year **1943** hour **12** minute **00** **NIGHT**
21. I hereby certify that I attended the deceased from **11-1-43** to **11-2-43**
that I last saw h. **22** alive on **11-1-43**
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **NANCY ANN CRAWFORD**

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

4. Sex **FEMALE** 5. Color of race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **K.K.** years

7. Birth date of deceased: (Month) **NOV.** (Day) **1** (Year) **1943**

8. AGE: Years **0** Months **0** Days **0** If less than one day **19** hr. **15** min.

9. Birthplace **SPRINGFIELD MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant at home**

11. Industry or business

12. Name **James Crawford**
13. Birthplace **Shiloh Springs Ark**
(City, town, or county) (State or foreign country)
14. Maiden name **Leta C. Garts**
15. Birthplace **Ark. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Crawford** **MO.**

(b) Address **SPRINGFIELD**
17. (a) **Burial** (b) Date thereof **Nov. 3, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cem. J. W. Kingner & Co.**

18. (a) Signature of funeral director **J. W. Kingner**
(b) Address **SPRINGFIELD MO.**

19. (a) **11-3-43** (b) **J. W. Kingner**
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Premature birth**
Due to **7th month**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **159**
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 **J. W. Kingner** Date signed **11-3-43**
Address **SPRINGFIELD, MO.**

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

X