S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39663

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1191 999

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hosp.
(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 Mississippi (b) County 22
(c) City or town Meridian,
(If outside city or town limits, write "RURAL")
(d) Street No. 218 - 25th Avenue. NR
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME MOSES HAMILTON CRAWFORD.
3. (b) If veteran, name war ?
3. (c) Social Security No. 718-05-1318
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eula Crawford.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feby 3 - 1876. (Month) (Day) (Year)
8. AGE: Years 67. Months 10. Days 12 If less than one day hr. min.
9. Birthplace Brookhaven, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Car Repairer.
11. Industry or business Mo. Pac. R.R.
FATHER 12. Name Jefferson Crawford.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Smith.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant Eula A. Crawford.
(b) Address Meridian, Miss.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 12-15-43. (Month) (Day) (Year)
(c) Place: burial or cremation Meridian Miss
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) DEC (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1943 hour 3 minute 10 A. M.
21. I hereby certify that I attended the deceased from Nov 16, 1943 to Dec 15, 1943; that I last saw him alive on Dec 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Due to Hypertensive heart disease
Due to generalized arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (c) Means of injury
23. Signature [illegible] (M. D. or other) MD
Address [illegible] Date signed 12-16-43

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo.

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.