

Registration District No. 179

Primary Registration District No. 5668

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Clark Twp.  
(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 Missouri (b) County Lincoln <sup>57</sup>

(c) City or town Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME CHARLES BARON CRAWFORD

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1944 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 1944 to Dec. 11, 1944; that I last saw him alive on Dec. 11, 1944; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Mary (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13 1861  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 83 Months 8 Days 28 hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 94a

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Quincy Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name Sutton

15. Birthplace \_\_\_\_\_  
(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) \_\_\_\_\_

(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 \_\_\_\_\_

16. (a) Informant John Rife

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem.

23. Signature V.E. Althoff (M.D. or other) DO.

Address Troy, Missouri Date signed 12/11/44

18. (a) Signature of funeral director Math. Tolman

(b) Address 2161 E. Fair St. Louis Mo.

19. (a) Dec. 30 / 44 (b) Mrs. Fay Jackson  
(Date received local registrar) (Registrar)

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

57  
00  
00

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 1-15-45

**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 Wayne Mc Coy

Licensed Embalmer No. 3786

P. O. Address Troy 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.**