

FILED DEC 12 1945

Registration District No. ....

Primary Registration District No. 6226

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Erz  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen. Hbel.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 years (Specify whether years, months or days)

In this community 3 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Erz  
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Hbel (If rural, give location)

(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Emma P Crawford

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18  
year 1945 hour 6 minute 15 P. M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Felix Crawford deceased

6. (c) Age of husband or wife if deceased 1-1863 years

7. Birth date of deceased (Month) April (Day) 1 (Year) 1863

21. I hereby certify that I attended the deceased from Nov 14 1945 to Nov 18 1945; that I last saw him alive on Nov 18 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 7 Days 17 If less than one day hr. min.

Immediate cause of death Myocarditis

Due to Senility

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Hausse Keeper

11. Industry or business Own Home

12. Name Harter Crawford

13. Birthplace don't know (City, town, or county) (State or foreign country)

14. Maiden name Marjory Malcolm

15. Birthplace don't know (City, town, or county) (State or foreign country)

Major findings: Of operations 930

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant W. M. R. C. & J. M. S. G. K.

(b) Address Erz Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Deerfield Cem. Deerfield Mo.

18. (a) Signature of funeral director W. H. Scott

(b) Address W. H. Scott Kansas

19. (a) Nov 21-45 (Date received local registrar) (b) Mrs Bertha Single (Registrar's signature)

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 \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Robert P. ... (M.D. or other) \_\_\_\_\_

Address Deerfield Mo Date signed 11/18/45

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

Vernon

11-45-1211

Room No. 7;  
11-45-1211  
12-11-45

**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 \_\_\_\_\_  
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.