

FILED FEB 7 1946

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: Callaway County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: -In hospital or institution TWO WEEKS
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town McCredie 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT ROBERT GARDNER CRAWFORD
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Crawford 6. (c) Age of husband or wife if alive 1976 years

7. Birth date of deceased Feb 24 1867
(Month) (Day) (Year)

8. AGE:	Years <u>78</u>	Months <u>10</u>	Days <u>26</u>	If less than one day hr. _____ min. _____
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9. Birthplace Guelph Canada
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Gardner Crawford

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Gray

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Crawford

(b) Address McCredie, Mo R.F.D.

17. (a) Burial (b) Date thereof 1-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCredie M.E.Ch Cemetery

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address Fulton, Mo

19. (a) 1-22-1946 (b) Joan Morischoff
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1946 hour 11:10 minute _____ p.m.

21. I hereby certify that I attended the deceased from Jan 2nd 1946, 19____ to Jan. 20 1946;
that I last saw him alive on Jan. 20 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis

Due to Pelvic tumor - Type unknown 6 Mos.

Due to Essential hypertension 3 yrs.

Other conditions 562
(Include pregnancy within 3 months of death)

Major findings: 562
Of operations _____

Of autopsy _____

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. A. Squires (REGISTRAR) D.O.

Address Fulton, Mo. Date signed 1/22/46

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

268

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

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 Wenzel C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.