

S. No. 2  
OM-5-43  
rv. 5-17-39  
I x36671

**FILED** APR 24 1946

Registration District No. 07 Primary Registration District No. 20195422

Registrar's No. 99

**1. PLACE OF DEATH:**

(a) County Dublin  
 (b) City or town Kennett - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R-2 - Kennett 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 50 years  
years, months or days

**3. (a) PRINT FULL NAME** Louis Madison Crofford  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife ROSIE K. Crofford  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March - 12 1877  
(Month) (Day) (Year)

**8. AGE:** Years 69 Months 0 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saline Co - Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name Dan Crofford

13. Birthplace Kennett, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bishop

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

16. (a) Informant John W. Crofford

(b) Address R-2 - Kennett, Mo

17. (a) Burial (b) Date thereof April 9-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salzman

(b) Address Kennett, Mo

19. (a) 4-8-1946 (b) Earl H. Fisher  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dublin  
 (c) City or town Kennett - Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6 Mi. N.E.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 7<sup>th</sup>  
 year 1946 hour 8:0 minute 5 P. M.

21. I hereby certify that I attended the deceased from March  
12<sup>th</sup> 1946 to April 7<sup>th</sup> 1946  
 that I last saw him alive on April 7<sup>th</sup> 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Duration 4 days

Due to Cardio-vascular - renal  
arteriosclerosis approx 15 yrs.

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

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)  
 (c) Means of injury 2  
 23. Signature Glen W. Christian (M. D. or other) D.O.  
 Address Kennett, Missouri Date signed 4-8-46

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

11653

RECEIVED

District Health Office No. 2

District File Number 446-545

Date Filed 4-22-46

APR 26 1946

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 [Signature]

Licensed Embalmer No. 2536-

P. O. Address Remond, 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.