

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 12 Hours
(Specify whether years, months or days)

In this community 54 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1326 Mores Blvd.
(If rural, give location) 4

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

3. (a) PRINT FULL NAME EMMA ROSE CRAWFORD

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1946 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 27
1946 to May 28 1946
that I last saw h. ex alive on May 28 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 - 2 - 1889
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 1 day
Duration

Due to Hypertension 10 yrs

Due to _____

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

8. AGE: Years 57 Months 1 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Grand Junction Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas B. Crawford

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

14. Maiden name Emma Allison

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

Major findings: Of operations No CFV

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Hartley G. Banks

(b) Address Mores Blvd., Columbia, Mo.

17. (a) Burial (b) Date thereof 5-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-29-46 (b) Mrs R E Palmer
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place) (c) Means of injury (D)

23. Signature A. A. Robard MD (M. D. or other) 5/29/46
Address Columbia Mo Date signed _____

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 6-5-46

MAR 24 1947

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 Tom M. Harey

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.