

No. 2  
-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17609

FILED JUN 5 1946

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
1103 West 3rd /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Montgomery 999

(c) City or town Independence 14  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Henry McCall Crawford

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

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

6. (b) Name of husband or wife Samuel Crawford 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 9 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53	6	26	hr. _____ min.
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9. Birthplace Cole County - - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

MOTHER FATHER

12. Name Edwin Stanton McCall

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

14. Maiden name Margaret McCullough

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

16. (a) Informant Mrs. Geo. Rippey

(b) Address 1103 W. 3rd, Sedalia, Missouri

17. (a) Burial (b) Date thereof May 8, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Missouri

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-11-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1946 hour 3:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 1945 to May 5, 1946  
that I last saw her alive on May 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver  
Due to Carcinoma uterus

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

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

Major findings:  
Of operations H&E

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

Duration \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. Boyer (M. D. or other) MD  
Address Sedalia Mo Date signed 5-7-46

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-4-46

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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 K.P. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.**