

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1934
FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19276
Registrar's No. 51

Registration District No. 360 Primary Registration District No. 6225

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washita Sub.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No. 3. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yr. 1 mo. 28 da.
(Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nickerson
(c) City or town Urbana
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID CRAWFORD
3. (b) If veteran, name war No. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4-18-46 day _____ year _____ hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from Apr. 1-1946 to Apr. 18-1946, 19____; that I last saw him alive on Apr. 17-1946, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maitha E. Nelson 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Feb. - 9 - 1884
(Month) (Day) (Year)

Immediate cause of death Cancer of the Stomach
Due to _____
Due to _____
Other conditions Dementia Precox.
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 2 Days 9 If less than one day _____ hr. _____ min.
9. Birthplace Nickerson Co Mo. 11
(City, town or county) (State or foreign country)
10. Usual occupation Farming.

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy H&K

MOTHER FATHER
11. Industry or business _____
12. Name Henry Crawford
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Susan Mc-Cubbin
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address Nevada Mo.
17. (a) Removal (b) Date thereof 4-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Urbana - Mo.
18. (a) Signature of funeral director Walter Ryan
(b) Address Urbana, Mo.
19. (a) 4-18-46 (b) Walter Ryan
(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) (e) Means of injury _____
23. Signature W.B. Lester (M. D. or other) _____
Address Nevada Mo. Date signed 4-18-1946

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

15181

RECEIVED
District Health Officer No. 7,
District File No. 4-46-464
Date Filed 5-15-46

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 Allen W. Vaughan
Licensed Embalmer No. 4156
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.