

**FILED MAR 14 1947**  
383

Registration District No. 383

Primary Registration District No. 3037

Registrar's No. 33

1. PLACE OF DEATH:  
(a) County Laurie Co.  
(b) City or town Murran  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Andrew Crawford  
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. 21  
6. (b) Name of husband or wife Elizabeth Crawford 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased June 3 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>			hr. _____ min. _____

9. Birthplace Barry Co Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business \_\_\_\_\_  
12. Name John Crawford 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Black 7  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cecil Crawford  
(b) Address Mt Vernon, Mo.  
17. (a) Burial (b) Date thereof Feb. 17-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park Anna, Mo.

18. (a) Signature of funeral director W. D. Sweet  
(b) Address Murran, Mo.  
19. (a) 373-47 (b) W. P. Hilbrich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Laurie 55  
(c) City or town Murran 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15<sup>th</sup>  
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-20-47 to 2-17-47  
that I last saw him alive on 2/17/47 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure  
Due to Pneumonia, Rt. Bronchial and general debility.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 107  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Wm. P. Hilbrich (M. D. or R. N.)  
Address Mt Vernon, Mo. Date signed 2/17/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

