

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

FILED AUG 4 1947

Registration District No. **78**

Primary Registration District No. **4159**

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **Pattersonburg**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **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 **Entire life**
years, months or days

3. (a) PRINT FULL NAME **Eulala J. Crawford**
 3. (b) If veteran, name war **✓**
 3. (c) Social Security No. **494-30-6394**

4. Sex **F**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced, **married**
 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **mo 2 1896**
(Month) (Day) (Year)

8. AGE: Years **51** Months **1** Days **19**
If less than one day hr. min.

9. Birthplace **Daviess Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business **Clerk in M.F.A. Store**

12. Name **Mrs. Wesley Auldridge**

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

14. Maiden name **Normie Graham**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Gerard Garrett**

(b) Address **Pattersonburg MO**

17. (a) **Burial** (b) Date thereof **6 25 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **1007 Pattersonburg MO**

18. (a) Signature of funeral director **W. Bremer**

(b) Address **Pattersonburg MO**

19. (a) **7-7-47** (b) **W. Engelford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Daviess**
 (c) City or town **Pattersonburg**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21** 1947
 year **6** hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from **found dead in basement**
 and that death occurred on the date and hour stated above
 Immediate cause of death: **electrical shock due to accident, severe electric burns in hand & breast.**

Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: **193**
 Of operations _____
 Of autopsy **11**

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 **2**
 23. Signature **H. W. Bailey** (M.D. or other)
 Address **Ballatin MO** Date signed **7-6-47**

(Licensed Embalmer's Statement on Reverse Side) **(Daviess County Coroner)**

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

31
2
0

MOTHER FATHER

HEALTH OFFICE
CAMERON, MO.

1045
MIS 5

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 *S. S. Gromer*

Licensed Embalmer No. 2857

P. O. Address: Pattersonburg 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.