

No. 2  
12-45  
17-39  
X47070

FILED JAN 27 1948

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John Hosp.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 933 W. Walnut  
(If rural, give location)

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

3. (a) PRINT FULL NAME Agnes O'Day Crawford

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. B. Crawford

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

7. Birth date of deceased Dec. 19 1867  
(Month) (Day) (Year)

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

81 0 24 hr. min.

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

10. Usual occupation Home

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

MOTHER FATHER

12. Name John O'Day

13. Birthplace Linster County Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Anastasia Kenneally

15. Birthplace Linster County Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Heady

(b) Address Hot Springs, Ark.

17. (a) Burial (b) Date thereof 1/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-13-48 (b) W. S. Landrum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
year 1948 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from July, 1947, to Jan 13, 1948;  
that I last saw her alive on Jan 12, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchopneumonia

Due to mixed tumor with carcinoma of parathyroid gland 1 1/2 yr.

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 55 E

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. S. Landrum (M. D. or other) M.D.

Address Springfield, Mo. Date signed 1/13/48

**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 Walter E Hamelton

Licensed Embalmer No. 8808

P. O. Address Springfield 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.**