

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3921**

Registration District No. **30**

Primary Registration District No. **5103**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **Benton**

(b) City or town **Warsaw, Rural, Lindsay**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1 Mile N. of Warsaw**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
**Life**

In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

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

(d) Street No. **1 Mile N. Of Warsaw**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Sammuel Kerr Crawford**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7**  
year **1948** hour **4** minute **35 A.M.**

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

6. (b) Name of husband or wife **Alva Crawford** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased: **June** **9** **1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 5th 1947** to **Febr. 7th, 1948.**  
im alive on **Jan. 29th, 1948.**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Embolism.** Duration **30 min.**

**Please see the other side.**

8. AGE: Years **77** Months **57** Days **28** If less than one day hr. min.

Due to **Chronic Myocarditis.** ?

Due to **Senility and Arterio-Sclerosis.** ?

9. Birthplace **Benton Co. Missouri**  
(City, town, or county) (State or foreign country)

Other conditions **None other.**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Stockman**

Major findings: Of operations **None.** Of autopsy **None.** **C3D**

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name **Joseph Crawford**

13. Birthplace **Unknown Ky.**

14. Maiden name **Candella Walters**

15. Birthplace **Unknown Ky.**

16. (a) Informant **Alva Crawford**

(b) Address **Warsaw, Mo**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **See other side.**

(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Feb. 9 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverside Cemetery**

(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? \_\_\_\_\_

18. (a) Signature of funeral director **John T. Rued**

(b) Address **Warsaw, Missouri**

(Specify type of place) \_\_\_\_\_ (c) Means of injury **C**

23. Signature **Jno. B. Carlisle, M.D.** (M. D. or other) \_\_\_\_\_

19. (a) **2/12/48** (b) **Jas. A. Logan**  
(Date received local registrar) (Registrar's signature)

Address **Jedalia Mo** Date signed **2-10-48**

On November 12th, 1947 this patient was in an automobile wreck. His chest struck the steering wheel of his car and he sustained injuries to his chest. On December 5th, 1947 he entered the Bothwell Memorial Hospital. He had had very little attention medically in the meantime. Physical examination of the chest at that time showed four fractured ribs on one side of the chest and five on the other side of the chest. There was evidence that there had been considerable trauma to the lung on either side. The patient remained in the hospital four weeks. During that time he had a heart spell and recovered from the same that we thought was due to an embolism. Most of the time that he was in the hospital and since he has been home he has been decompensated. Efforts to restore the compensation have been futile. I offer the above in support of the diagnosis.

Sedalia, Missouri,  
February 10th, 1948:

Jno. B. Carlisle, M.D.

*Jno. B. Carlisle M.D.*

RECEIVED  
District Health Officer No. 7,  
District File Number 472 1-48-80  
Date Filed 2-17-48

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.....

.....  
working under my personal supervision.

*Jack Wilson*

....., Registered Apprentice No. 12

Signed.....

*John J. Reese*

Licensed Embalmer No. 4098

P. O. Address..... Warsaw

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.