

FILED APR 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7444

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Jct.</u>	
c. LENGTH OF STAY (in this place) <u>2 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile NW of Wilcox, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>ELLSWORTH</u> c. (Last) <u>CRAWFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>27</u> <u>49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/14/72</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joseph A. Crawford</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Reicheldaffer</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Neidel Crawford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joseph E. Crawford</u>	ADDRESS <u>Burlington</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Haemorrhage from Prostate</u> <u>(Resection of Prostate in 1946)</u> <u>Carcinoma of Prostate with metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>177</u>
19a. DATE OF OPERATION <u>3/25/1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Haemorrhage from Prostatic Area</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1949 to March 27, 1949 that I last saw the deceased alive on March 16, 1949, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. P. Bell</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>3/28/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 30, 1949</u>	REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clum M. Price</u>	ADDRESS <u>Maryville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student

Robert L. Souter

Student Embalmer

Signed

Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.