

JAN 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43455

Registration District No. 338

Primary Registration District No. 5462

Registrar's No.

1. PLACE OF DEATH:

- (a) County GRUNDY
 (b) City or town WINDALL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: NONE

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- NONE
- (Specify whether

In this community LIFE
years, months or days)3. (a) PRINT FULL NAME THOMAS CHARLES CRAWFORD

3. (b) If veteran, name war
- NONE
3. (c) Social Security No.
- 616

4. Sex
- MALE
5. Color or race
- WHITE
6. (a) Single, widowed, married, divorced
- MARRIED

6. (b) Name of husband or wife
- LOUIE CRAWFORD
6. (c) Age of husband or wife if alive
- 52
- years

7. Birth date of deceased
- Oct 4 1881
-
- (Month) (Day) (Year)

8. AGE: Years
- 58
- Months
- 2
- Days
- 27
- If less than one day hr. min.

9. Birthplace
- POLK COUNTY IOWA
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- COUNTY HIGHWAY ENGINEER

11. Industry or business
- COUNTY HIGHWAY WORK

12. Name
- CHARLES CRAWFORD

13. Birthplace
- GRUNDY CO. MO.
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- SALLY PANTIUS

15. Birthplace
- GRUNDY CO. MO.
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Louie Crawford

- (b) Address
- WINDALL MISSOURI

17. (a)
- BURIAL
- (b) Date thereof
- JAN 3-1940
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- MARTIN CEMETERY

18. (a) Signature of funeral director
- Hemley Funeral Home

- (b) Address
- WINDALL MO.

19. (a)
- 12-31-39
- (b)
- Frederick Jaw
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

- (a) State
- MISSOURI
- (b) County
- GRUNDY

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

- (d) Street No.
- 1
-
- (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Dec
- day
- 31st
-
- year
- 1939
- hour
- 6²⁰
- minute
- A.
- M.

21. I hereby certify that I attended the deceased from
- Dec 31st
- , 19
- 39
- , to
- Dec 31st
- , 19
- 39
- ;

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration ??Acute Coronary ThrombosisDue to Do not know

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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

- (a) Accident, suicide, or homicide (specify)
- none

- (b) Date of occurrence _____

- (c) Where did injury occur?
- none
-
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
-
- (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Oleifer T. Coffey (M. D. or other) M.D.Address WINDALL MO. Date Jan 17 1940

RECEIVED

District Health Officer No. 11

District File No. 140-1974

Date Filed JAN-15-1940

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.....

Clifford Harg

Licensed Embalmer No.....

3423

P. O. Address.....

Gretna 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, above space should be left blank.