DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7878

Registration District No. 735 FEB 12 1940

Primary Registration District No. 3034

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 620 Franklin (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 620 Franklin (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Bertha S. Crawford

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 25th (Day) 1875 (Year)

8. AGE: Years 64 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo (State or foreign country)

10. Usual occupation At home

11. Industry or business ____

FATHER 12. Name Edward Sterne

13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name ____

15. Birthplace Melissa E. McOlgan Ill (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. L. Stringer

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Feb. 8-1940 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1940, to Feb 5, 1940, that I last saw her alive on Feb 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis with acute coronary collapse — Duration 7

Due to ____

Due to ____

Other conditions Cancer of Breast (Include pregnancy within 3 months of death)

Major findings: Of operations 5D

Of autopsy ____

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature R. C. Griffith (M. D. or other)

Address Moberly Mo Date signed 2/6/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REV. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 3-40-632
Date Filed MAR 12 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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.