

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**10855**  
 Do not use this space.

**FILED APR 22 1940**

1. PLACE OF DEATH

(a) County Franklin Registration District No. 288

(b) Township 7 Primary Registration District No. 4172 Registered No. ....

(c) or Kennett (d) Street No. 109 Harrison St. ....

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Earl Bureau Crawford

(a) Residence, No. Some St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1940 -

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
		<u>1</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo

FATHER

13. NAME Myrl Crawford

14. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Galdie Jones

16. BIRTHPLACE (CITY OR TOWN) Halecomb (STATE OR COUNTRY) Mo

17. INFORMANT Grace Frasier (ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartill Pine City DATE 3/21 1940

19. FUNERAL DIRECTOR (NAME) Paul Salzman (ADDRESS) Kennett, Mo

20. FILED 3-21 1940 Thule Down Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1940, to 3-20, 1940

I last saw him alive on 3-19, 1940 Death is said to have occurred on the date stated above, at 7-A, m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Thule Down (Signed) Thule Down, M. D.

(Address) .....

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 2

District File Number 440-98

Date Filed 4/12/40

APR 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10855-7

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 4172

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County: Deerlin  
 (b) City or town: Kennett mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.  
 In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Earl B Crawford  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

4. Sex: M 5. Color or race: W  
 6. (a) Single, widowed, married, divorced: 8  
 6. (b) Name of husband or wife  
 6. (c) Age of husband, or wife, if alive, years  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 1 16 hr min

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 3-21-40 (Date received local registrar) (b) Wheeler Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State (b) County  
 (c) City or town (If outside city or town limits write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? years

20. DATE OF DEATH: Month Mar day 20 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia  
 Due to

Due to: No Complications

Other conditions (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)  
 (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: Wheeler Davis (M. D. or other)  
 Address: Kennett mo Date signed

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

SUPPLEMENTARY

S-10855

1940