

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.

FILED JUL 15 1940

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

21540
Do not use this space.

1. PLACE OF DEATH

(a) County Cameron 2 Registration District No. 204
 (b) Township Shard 0 Primary Registration District No. 3013
 (c) City Cameron (d) Street No. _____ 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. da (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Robert Crawford
 (a) Residence, No. 1054 W. Cameron Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Joanna Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/16/1871

7. AGE YEARS 69 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merced Co. Mo

FATHER

13. NAME Crawford 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 6

MOTHER

15. MAIDEN NAME Jane Dunn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merced Co.

17. INFORMANT (ADDRESS) Joanna Crawford
Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Merced Co. Mo DATE June 25, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. ...
Cameron Mo

20. FILED 6/24 1940 W. H. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 23 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1939, to June 23 1940
 I last saw him alive on June 23 1940 Death is said to have occurred on the date stated above, at 11:17 a. m.
 The principal cause of death and related causes of importance were as follows:
Heart failure Date of onset _____
54
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) W. H. ... M. D.
 (Address) Cameron Mo

RECEIVED

District Health Officer No. 11;

District File Number 240-997

Date Filed JUL 3 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. 1180

P. O. Address Cameron, 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.