

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32271

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper
 (a) County _____
 (b) City or town Joblin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
2330 Harlem Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None 2
(Specify whether years, months or days)
 In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joblin
(If outside city or town limits, write "RURAL")
 (d) Street No. 2330 Harlem Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Patrick Sanders Crawford

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 2
 year 1940 hour 10 minute A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. NO

21. I hereby certify that I attended the deceased from 1936
Sept 7 to Sept 1, 1940
 that I last saw him alive on Sept 1, 1940
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

Immediate cause of death 1940 Carditis, chr. 14 years
 Duration

6. (b) Name of husband or wife Mrs. Sarah Crawford 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 8 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 25 If less than one day
 hr. min.

Due to Chronic Arthritis

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

Due to _____

10. Usual occupation Retired Farmer

Other conditions 97C
(Include pregnancy within 3 months of death)

11. Industry or business Farming

Major findings: _____
Of operations _____

12. Name Jim Crawford

Of autopsy _____

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

14. Maiden name Lorenda Wheeler

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

16. (a) Informant Sub Crawford

(b) Address 2330 Harlem Ave.

17. (a) Burial (b) Date thereof 9-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Mausoleum

18. (a) Signature of funeral director Ed Jones
212 Joplin St. Joplin Mo.

(b) Address _____
19. (a) 9-3-46 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

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?
370 While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature After theur (M. D. or other) _____

Address Joplin Date signed 9-3-40

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

19
3

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

Sam E. Senceny

Licensed Embalmer No. *4099*

P.O. Address *Joplin 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.