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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43019**

**MO JAN 17 1941**

Registration District No. **465-**

Primary Registration District No. **4278**

Registrar's No. **15**

54

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

**1. PLACE OF DEATH:**

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution 1 1/2 hrs

In this community 1 yr 6 mo (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Lafayette

(c) City or town Waverly  
(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.

**3. (a) PRINT FULL NAME** ANNA MARGRIT CRAWFORD

**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** Female **5. Color or race** W **6. (a) Single, widowed, married, divorced** married

**6. (b) Name of husband or wife** Frank Crawford **6. (c) Age of husband or wife if alive** 24 years

**7. Birth date of deceased** March - 4 - 1923  
(Month) (Day) (Year)

**8. AGE:** Years 17 Months 9 Days 14 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Saline Co MO  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** George T Crank

**13. Birthplace** Saline Co MO  
(City, town, or county) (State or foreign country)

**14. Maiden name** Bella Jordan

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

**16. (a) Informant** Mrs Bella Jordan Crank

**(b) Address** Marshall MO

**17. (a) Burial** (b) Date thereof 12-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Sweet Springs MO

**18. (a) Signature of funeral director** Harry Hershberger

**(b) Address** Marshall MO

**19. (a) Dec 20 1940** (b) Clayton N Vandrum  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 18  
year 1940 hour 11:15 minute A.M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

strychnine poisoning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) Suicide

(b) Date of occurrence Dec. 18, 1940

(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? 890 in home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** J. L. Cape (M. D. or other) acting

Address Springfield, MO Date signed 12/20/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8  
District File Number 1-7-41  
Date Filed

**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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton M

**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.**