

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 875-

Primary Registration District No. 6162

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Wenon  
(b) City or town Wenon, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp # 310  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 2 months  
(Specify whether years, months or days)  
In this community Home

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas  
(c) City or town Plato  
(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

Arch Crawford

3. (b) If veteran,

name war no

(c) Social Security

No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June 24 1883  
(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day  
57 11 19 hr. \_\_\_\_\_ min.

9. Birthplace

Texas Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farming

12. Name: Harvey Lavonne Crawford

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

14. Maiden name Calice Tunnell

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

16. (a) Informant Blair Koch

(b) Address 1145 W. #3 Nevada, Mo

17. (a) Burial (b) Date thereof 6/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plato, Mo

18. (a) Signature of funeral director Terre Tunnell

(b) Address Nevada, Mo

19. (a) 6-13-41 (b) Allen O. Flagg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1941 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 10  
\_\_\_\_\_ 1940, to June 12 1941;  
that I last saw him alive on June 12 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive heart failure  
Due to Hypertension  
Due to Epilepsy  
Other conditions g  
(Include pregnancy within 3 months of death)

Duration

Major findings:  
Of operations \_\_\_\_\_

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

23. Signature Wm J. Croner (M. D. or other) \_\_\_\_\_  
Address Nevada Mo Date signed 6/12/41

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

108  
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RECEIVED  
District Health Officer No. 7,  
District File Number 7-41-1103  
Date Filed 7-7-41

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**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.**