

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25641  
Registrar's No. 38

FILED AUG 19 1941

Registration District No. 996

Primary Registration District No. 5766

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Mississippi, Tull Road  
(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.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Missouri  
(c) City or town Normal  
(If outside city or town limits, state "RURAL")  
(d) Street No. 14 miles E. of East Prairie  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour 11 minute 9 A.M.  
21. I hereby certify that I attended the deceased from July 10, 1940, to July 18, 1940,  
that I last saw him alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death General weakness  
Due to Colitis  
Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

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

3. (a) PRINT FULL NAME CHARLES MARVIN CRAWFORD

3. (b) If veteran, name war..... 3. (c) Social Security No. none

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 1939 years

7. Birth date of deceased Sept 19 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 9 29.0 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Louie Crawford

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

14. Maiden name Earline Francis Ward

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

16. (a) Informant Louie Crawford

(b) Address Carpenter, Mo

17. (a) Burial (b) Date thereof July 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logwood Chapel

18. (a) Signature of general director Thora Shelby

(b) Address East Prairie, Mo

19. (a) 8-8-41 (b) Mrs. J. M. Hodge  
(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?

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

23. Signature A. J. Martore (M. D. or other)  
Address East Prairie Date signed 8/5/41

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 841-110.3

Date Filed 8-15-41

**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.....

*Haris Shelby*

Licensed Embalmer No.....

2726

P. O. Address.....

East Prairie, 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.**