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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1941

Registration District No. 849

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4674

State File No. 26405

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Green Castle
(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 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Green Castle 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Finley Crawford

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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 80 years

7. Birth date of deceased July (Month) 3 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	0	21	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Pennslyvania (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Allen Crawford
13. Birthplace ____ (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Ann Eliza Thomas
15. Birthplace ____ (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Frank Crawford
(b) Address Greencastle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 25 (Day) 1941 (Year)
(c) Place: burial or cremation Green Castle Cem.

18. (a) Signature of funeral director Glenn E. Kent
(b) Address Green City, Missouri

19. (a) Aug 1-41 (Date received local registrar) (b) Virginia Gibson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from July 23, 1941, to July 24, 1941 that I last saw him alive on July 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration: 2 WKs

83A

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

23. Signature C. W. Lewis (M. D. ~~or other~~)
Address Greencastle Mo Date signed 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1427
Date Filed AUG 6 1941

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenbelt, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.