

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3227
Do not use this space.

FILED FEB 25 1942

1. PLACE OF DEATH

(a) County Polk Registration District No. 703 88
 (b) Township Johansen Primary Registration District No. 44243
 (c) City Humansville, Mo. (d) Street No. Geo. Dimmick mem. Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr William Isaac Crawford

(a) Residence, No. Hickory County, Mo. Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Edna Crawford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1890
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory County Mo

FATHER 13. NAME John Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Emma Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo

17. INFORMANT Mrs Edna Crawford (ADDRESS) Flemington Mo R-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Roundtree Cemetery 2-18, 1942

19. FUNERAL DIRECTOR (NAME) Mr J. B. Lucky (ADDRESS) Wheatland Mo

20. FILED Feb. 17, 1942 Ora M. Rich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from 2/16/42, 1942, to 2/16/42, 1942.
 I last saw him alive on February 16, 1942. Death is said to have occurred on the date stated above, 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

93d

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1942
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Chronic Myocarditis
 (Signed) G. G. Robinson M. D.
 (Address) Humansville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 2 1954

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 J. R. Lucery
Licensed Embalmer No. 2989
P. O. Address Wheatland

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.