

FILED AUG 17 1942

Registration District No. 384141

Primary Registration District No. 5545553

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Rural South Fork Sup  
(c) Name of hospital or institution: 1  
(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)

3. (a) PRINT FULL NAME Benita Lou Crawford

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased. oct 20 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 3 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER  
{ 12. Name Stanley Crawford  
13. Birthplace Johk Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Lamons  
15. Birthplace Howell Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Thyrle Lamons  
(b) Address West Plains Mo.

17. (a) Burial (b) Date thereof Feb 14 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Fork Ark

18. (a) Signature of funeral director " J. P. Garcia

(b) Address 147th - 42

19. (a) 1125 (b) J. P. Garcia  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Congenital Heart Disease & Valvular Deficiency  
Due to.....  
Due to.....

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.

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 John J. Means  
Address Missouri Mo Date signed 2/23-42

RECEIVED

District Health Officer No. 8

District File Number

742586

Date Filed

8-14-42

**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, fact should be so stated above.