S. No. 2
M—9-4-41
V. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30348

Registration District No. ____ Primary Registration District No. 5465 Registrar's No. 672

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name township) N. Campbell
(c) Name of hospital or institution: R.F.D #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 3½ HOURS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State MO. (b) County GREENE 39
(c) City or town REPUBLIC 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME DORIS JEAN CRAWFORD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased SEP. (Month) 16 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. 30 min.

9. Birthplace SPRINGFIELD (City, town, or county) MO. (State or foreign country)

10. Usual occupation INFANT

11. Industry or business INFANT

FATHER
12. Name NORMAN CRAWFORD
13. Birthplace WEST PLAINS (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name ALTA F. RUTLEDGE
15. Birthplace Unknown (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant NORMAN CRAWFORD
(b) Address REPUBLIC MO. R#1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEP. 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation HAZELWOOD CEM.

18. (a) Signature of funeral director J. W. Klinger & Co
(b) Address Springfield, Mo.

19. (a) 9-17-42 (Date received local registrar) (b) Dr. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 17th year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-16-, 1942 to 9-16-, 1942 that I last saw her alive on 9-16-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) 189

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

23. Signature W. E. Kelly (M. D. or other)
Address Springfield Mo Date signed 9-17-42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 Roy A Baum

Licensed Embalmer No. 1763

P. O. Address Springfield Ill

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.