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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. G. Farthing 2222

State File No. 8

Registration District No. 319

Primary Registration District No. 2000

Registrar's No.

1. PLACE OF DEATH: GREENE

(a) County

(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 909 W. Division
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Murray Crawford

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Florence Crawford

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

7. Birth date of deceased December (Month) 16, (Day) 1855 (Year)

8. AGE: Years 87 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Siota, (City, town, or county) Ohio (State or foreign country) 11

10. Usual occupation Retired Farmer

11. Industry or business On Farm

FATHER
12. Name Robert Crawford
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Eliza Henstead
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Florence Crawford
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 1-5-43 (Date received local registrar) (b) E W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 12-29, 1942, to 1-3, 1943
that I last saw him alive on 1-3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN INJURY (PROBABLE HEMORRHAGE IN BRAIN SUBSTANCE) — Duration 6 Days

Due to (SLIPPED ON ICE AND FELL FROM FRONT PORCH TO THE GROUND).

Due to

Other conditions BENIGN HYPERTROPHY OF PROSTATE, WITH OBSTRUCTION AND CYSTITIS.
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NOT DONE. 186a 39

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) Accident 133

(b) Date of occurrence 12-29-42

(c) Where did injury occur? SPRINGFIELD (City or town) GREENE (County) MO. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)
While at work? NO (e) Means of injury FELL ON HEAD

23. Signature Gene W. Farthing Jr (M. D. ~~or other~~)
Address 600 Mid Arts Bldg Springfield, Mo Date signed 1-5-43

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(Licensed Embalmer's Statement on Reverse Side)

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 E. O. Horthy

Licensed Embalmer No. 1767

P. O. Address Spring Field Ri

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.