

S. No. 2
M-542
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14533
Registrar's No. 17

ED MAY 13 1943

Registration District No. 155 Primary Registration District No. 5578

49
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1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Rural-Joplin Mo.
 (c) Name of hospital or institution: Route 1, N./Main St.
 (d) Length of stay: In hospital or institution 43 years
 In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin Mo; - Rural
 (d) Street No. Route 1.
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Rev. William Isom Crawford

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

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

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

7. Birth date of deceased Mar. 23, 1861

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>19</u>	<u>hr. min.</u>

9. Birthplace Doe Run Missouri

10. Usual occupation retired preacher

11. Industry or business

MOTHER FATHER

12. Name William Crawford

13. Birthplace Doe Run Mo;

14. Maiden name Catherine Murray

15. Birthplace Missouri

16. (a) Informant Jack Crawford

(b) Address R. 1, Joplin Mo;

17. (a) Burial (b) Date thereof 4-13-43

(c) Place: burial or cremation Miller Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) Apr. 13 1943 (b) Mrs. Nellie Sage

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April 11, 1943;
 year 1943 hour 9:00 A.M. minute 0 M.
 21. I hereby certify that I attended the deceased from 3-24-43
 to 4-11-43, 1943
 that I last saw him alive on 3-29-43, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to 83a
 Other conditions 83a
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations 83a
 Of autopsy 83a

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 83a
 (b) Date of occurrence 83a
 (c) Where did injury occur? 83a
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? 83a
 (Specify type of place) (e) Means of injury 83a
 23. Signature R. A. Mahoney (M. D. or other) 1943
 Address Joplin, Mo Date signed 4/12/43

43-4-385

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.....

Perry K. Hurlbut

Licensed Embalmer No.....

959

P. O. Address.....

Joseph M. Neo

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.