V. S. No. 2
50M—5-42
Rev. 5-17-39

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

17759

State File No.

FILED JUN 7 1943

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 40

35 2 2

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett, Mo -
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35 2 2
(c) City or town Kennett (If outside city or town limits, write "RURAL")
(d) Street No. 810 Fourth Street -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin Elkin Crawford
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Crawford
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased September (Month) 13 (Day), 1880 (Year)

8. AGE: Years 62 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Trucking
11. Industry or business Self - 9
FATHER
12. Name Thomas Crawford
13. Birthplace Alabama (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rachel Hopkins
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. B. E. Crawford
(b) Address 810 Fourth St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett Mo
19. (a) May 2, 1943 (Date received local registrar) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 5:30 minute a. m.
21. I hereby certify that I attended the deceased from 4-30, 1943, to 5-1, 1943 that I last saw him alive on May 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease — Duration
Due to arteriosclerosis
Due to
Other conditions Pyelitis and uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations N/A
Of autopsy

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 R. L. Wilson M.D. (M. D. or other)
Address Presnell Hospital Kennett Mo Date signed 5-1-43

901 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-724
Date Filed 6-3-43

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 [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, Mo

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.