S. No. 2
M—9-4-41
5-17-39
I X25/8

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17839

State File No.

FILED JUN 3 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 349

9
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 817 E. McDaniel
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 817 E. McDaniel
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katie Rosa Crawford

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 3 Colored

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

6. (b) Name of husband or wife Clifford Crawford

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 5 (Day) 1889 (Year)

8. AGE: Years 53 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Domestic

11. Industry or business .....

FATHER
12. Name Charlie Embry
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Tissia Lively
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Clifford Crawford

(b) Address 817 E. McDaniel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 5 (Day) 1943 (Year)

(c) Place: burial or cremation Granby Mo

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington

19. (a) 5-4-43 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 14th, 1943, to May 1st, 1943 that I last saw her alive on May 1st, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Instant
Due to Hypertensive Heart Disease with Decompensation	6 wks.
Due to	
Other conditions Ess Hypertension (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 93d

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. E. Jenkins (M. D. or other) M.D.

Address 305½ College St. Date signed 5-4-43

984

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1965

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 W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Ba

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.