

FILED DEC 13 1943

State File No. _____

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Francis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Eight Hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Daisy Florence Crawford

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Charles A. Crawford 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: April 11 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Bolckow, Andrew CO Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Francis Hart Adkins
 13. Birthplace Bolckow Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Perry
 15. Birthplace Bolckow Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John O. Jahne
 (b) Address 416 E 4th Maryville Mo.
 17. (a) Burial (b) Date thereof 11-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethany Community

18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 957 South Main Maryville Mo
 19. (a) Nov-25-43 (b) Daisy Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Maryville
(If outside city or town limits, write "RURAL")
 (d) Street No. 416 East Fourth St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1943 hour 1 minute A M.
 21. I hereby certify that I attended the deceased from October 1943 to Nov 22 1943
 that I last saw him alive on Nov 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
 Due to: General arteriosclerosis
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93e2
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. B. Bloomer (M. D. or other) _____
 Address Maryville Mo Date signed 11/27/43

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

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.....

William C. Bell

Licensed Embalmer No.....

3630

P. O. Address.....

Marquette 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.