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00M-2-43
ex. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2236

FILED FEB 14 1944

State File No.

Registration District No. 144

Primary Registration District No. 4061

Registrar's No. 65

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

1. PLACE OF DEATH: d Caldwell

(a) County Caldwell

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13

(a) State Missouri (b) County Caldwell

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Burns Crawford

3. (b) If veteran, name war --

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16th
year 1944 hour 10 minute 00am M.

21. I hereby certify that I attended the deceased from JAN - 9th, 1944 to JAN 16, 1944
that I last saw HER alive on JAN - 16, 1944
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Thomas J. Crawford

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

7. Birth date of deceased Oct. 16th, 1862
(Month) (Day) (Year)

Immediate cause of death ANGINA PECTORIS 12 HRS
Duration

Due to INFLUENZA 7 days

8. AGE: Years 81 Months 3 Days 0
If less than one day hr. min.

9. Birthplace Omaha Neb.
(City, town, or county) (State or foreign country)

Due to MITRAL INSE small years

Other conditions CL Woolsey MD
(Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business /

MOTHER FATHER { 12. Name unknown

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown 7

{ 15. Birthplace unknown 1
(City, town, or county) (State or foreign country)

Major findings: 92%

Of operations /

Of autopsy /

PHYSICIAN CL Woolsey MD
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs John Murray

(b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 1/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Missouri

19. (a) 1-16-44 (b) E.A. Thompson
(Date received local registrar) (Registrar's signature)

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 MD

23. Signature E. A. Thompson (M. D. or other) MD
Address Braymer 770 Date signed 1/18/44

1151

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 *Donald F. Mead*

Licensed Embalmer No. 2801

P. O. Address. Braymer, 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.