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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3727

State File No. \_\_\_\_\_

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sale Bowman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Five Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Vernon Ray Crawford

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept, 10th, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 3 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Goodman MO,  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Richard, Crawford

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Sellers

15. Birthplace Ark,  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Crawford

(b) Address Goodman MO,

17. (a) Removal (b) Date thereof 12, 15, 43  
(Date, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Ridge, Missouri

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman MO

19. (a) 12-15-43 (b) Barney Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) Missouri (b) County McDonald  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Goodman MO, R, & I.  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 15th,  
year 1943 hour 9:15 minute 30. A. M.

21. I hereby certify that I attended the deceased from Dec 11  
1943 to Dec 15 1943  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration \_\_\_\_\_

Due to unknown

Due to \_\_\_\_\_

Other conditions Congestion  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter C. Bowman (M. D. or other) \_\_\_\_\_

Address Neosho, MO Date signed Dec 15-43

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

MOTHER FATHER

1110

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED** 1-10-44  
District Health Officer No. \_\_\_\_\_  
District File Number 1243-254  
Date Filed 1-10-44

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**