

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22713

State File No. _____

FILED JUL 10 1944

Registration District No. 236

Primary Registration District No. 6209

Registrar's No. 21

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RURAL PINEY 711
(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 1
(Specify whether _____)
In this community 83 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MI WEST HOUSTON, MO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4
1944 year 11 hour 55 minute P. M.
21. I hereby certify that I attended the deceased from John
1942 to July 4 1944
that I last saw him alive on July 19 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary
Amyloidosis

Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 61
Major findings:
Of operations _____
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?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature: J.P. Womack (M.D. or other)
Address Houston, MO, 6744

3. (a) PRINT FULL NAME ELBERT MARTIN CRAWFORD

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LOUISA JANE CRAWFORD
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 23 1853
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace FRANKLIN CO. KY. 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JIM CRAWFORD

13. Birthplace KY. 1
(City, town, or county) (State or foreign country)

14. Maiden name CAMILINE FOSTER

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

16. (a) Informant HOMER CRAWFORD

(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 6-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION

18. (a) Signature of funeral director Rayford V. Elliott

(b) Address HOUSTON, MO

19. (a) June 9, 1944 (b) Mrs. Ella Buff
(Date received local Registrar) (Registrar's signature)

240 (Licensed Embalmer's Statement on Reverse Side)

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

107
00

RECEIVED

District Health Officer No. 5,

District File Number 744396

Date Filed 7.4.44

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.