

FILED DEC 11 1944

Registration District No. _____

Primary Registration District No. 3011

Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 blocks west of Postoffice,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 months 3
(Specify whether years, months or days) all her life,

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Martha J. Crawford,
(b) If veteran, name war XX
(c) Social Security No. XX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
7. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years
8. Birth date of deceased March 1st, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8st</u>	<u>28</u>	hr. _____ min.

9. Birthplace Covington, Kentucky, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper,

11. Industry or business _____

MOTHER FATHER { 12. Name W. S. Crawford,
13. Birthplace dont know,
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Yelton
15. Birthplace dont know,
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. Sample,
(b) Address Tina, Missouri.

17. (a) Burial (b) Date thereof 12/1/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vanhorn, Cem.

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Missouri.

19. (a) 12-1-1944 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Carroll 17
(c) City or town Rural, 6
(If outside city or town limits, write "RURAL")
(d) Street No. Theo Sample home, Tina, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country XXX D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29th
year 1944 hour 11:50 PM M.

21. I hereby certify that I attended the deceased from Mar 1944 to Nov 29 1944
that I last saw her alive on Nov 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 2 days
Due to Intestinal Stasis 10 days
Due to old age

Other conditions (include pregnancy within 3 months of death) 93 1/2

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Dr. Everett L. Smith (M. D. or other) D. P. O.
Address 111 So. Main, Carrollton, Mo. Date signed 11/29/44

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-9-44

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 Clifford W. Justice

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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.