

FILED DEC 9 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37895

Do not use this space.

1. PLACE OF DEATH

(a) County HOWELL Registration District No. 141
 (b) Township WEST PLAINS, MO. Primary Registration District No. 3075
 (c) City WEST PLAINS, MO. (d) Street No. 1 Registered No. 976
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

BABY CRAWFORD
 (a) Residence, No. WEST PLAINS HOSPITAL, WEST PLAINS MO. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 6, 1944
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WILLOW SPRINGS, MO.
 13. NAME LESLIE CRAWFORD
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) THAYER, MO.

MOTHER
 15. MAIDEN NAME NANCY WAKE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WILLOW SPRINGS MO.

17. INFORMANT (ADDRESS) MR LESLIE CRAWFORD, WILLOW SPRINGS MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE City Cemetery 10-8-44

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None 10/10-44

20. FILED 10/10-44 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 7 1944
 22. I HEREBY CERTIFY, That I attended deceased from SEPT 29 1944 to OCT 7 1944
 I last saw him alive on OCT 7 1944 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Marasmus

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) O. B. Bailor, M.D.
 (Address) WILLOW SPRINGS, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16903

1944

District Health Officer No. 5,

District No. 1244604

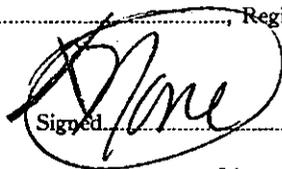
Date 12-8-44

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.....

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, above space should be left blank.