

STANDARD CERTIFICATE OF DEATH

Registration District No. 233

Primary Registration District No. 3022

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

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Harrison

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

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

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Pearl Crawley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Cliff Crawley

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: April 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 2 24 hr. \_\_\_\_\_ min.

9. Birthplace Harrison County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Grant Wright

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

14. Maiden name Jane Kinnison

15. Birthplace Harrison Co., Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Cliff Crawley

(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof July 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri.

19. (a) July 2-1945 (b) Zola Burris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th  
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 1945  
that I last saw her alive on June 28.  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 2nd

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Bethany, Missouri. Date signed 6/30/45

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

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

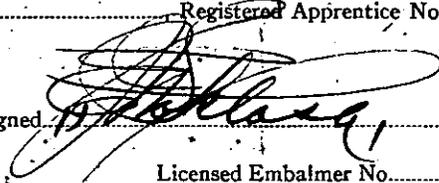
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Eddie J. Stoklasa**

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3602**

P. O. Address **Cainsville, 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.**