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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29604

FILED SEP 25 1945

Registration District No. 144

Primary Registration District No. 1002

Registrar's No. 3820

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

1. PLACE OF DEATH:
(a) County Jackson Co
(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community ~~20~~ 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1 (If outside city or town limits, write "RURAL")
(d) Street No. City 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country no

3. (a) PRINT FULL NAME Leslie J Crawford
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Mar 1
6. (b) Name of husband or wife Maggie
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept (Month) 7 18 69 (Day) 8 77 (Year)

8. AGE: Years 76 74 | Months 10 | Days 12 | If less than one day 7 hr. min. 74

9. Birthplace Warsaw (City, town, or county) Mo (State or foreign country)
10. Usual occupation Black smith
11. Industry or business
12. Name Claiborne Crawford
13. Birthplace (City, town, or county) Mo (State or foreign country)
14. Maiden name Maggie Ashenhurst
15. Birthplace Fairfield (City, town, or county) Mo (State or foreign country)
16. (a) Informant Deacon Crawford
(b) Address Springfield Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 15 45 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Mo
18. (a) Signature of funeral director Consolus & Peck
(b) Address Clinton Mo
19. (a) 9-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Sept 15 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th year 1945 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from Sept 10, 1945, to Sept 14, 1945 that I last saw him alive on Sept 14, 1945, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Pneumonia, hypostatic, (2) , lobar)	2 days
Due to	
Due to	
Other conditions Fracture hip (right) (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) yes a fall.
(b) Date of occurrence 9-9-45 42
(c) Where did injury occur? Clinton (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? His home (22) (Specify type of place)
While at work? no (2) (e) Means of injury A fall.
23. Signature L E Riller, MD (M. D. or other)
Address St. Lukes Hosp. K.C. Mo Date signed 9/15/45

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1945

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 Chas E Wells

Licensed Embalmer No. 2644

P. O. Address Kansas City

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of Sept, 1945, before me appears Mrs Wm Crawford, who, upon her oath, states that the original record of ~~birth~~ death for Leslie Crawford, ~~born~~ died Sept 14, 1945, in the State of Missouri, and which was filed at Kansas City, Mo on 9-14, 1945, should be corrected as follows:

Item No. age should read Sept 7 1869
Instead of Sept 7 1871 = 74-X-12

Item No. should read age should read 76-X-7 days
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Wm Crawford Daughter in law
Relationship

210 West Franklin st.
Present Address.

Subscribed and sworn to before me this 22nd day of September, 1945.

My Commission expires July 22, 1947 N. E. Griggs Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

c
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Form V. S. 135
10M-8-42
I X33820

SEP 27 1945

1945

S-29604