

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 12 1946 STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4573**  
Registrar's No. **29**

Registration District No. **38** Primary Registration District No. **3006**

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
no 605 N. Fourth St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)  
 In this community 25 yrs.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone **10**  
 (c) City or town Columbia **2**  
(If outside city or town limits, write "RURAL")  
605  
 (d) Street No. 695 N. 4 th St. **4**  
(If rural, give location)  
 (e) Citizen of foreign country? no **0**  
(Yes or No)  
 If yes, name country no

**3. (a) PRINT FULL NAME** Jasper R. Crawford  
**3. (b) If veteran,** no **3. (c) Social Security** No.  
**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** married /  
**6. (b) Name of husband or wife** Cathrine Crawford **6. (c) Age of husband or wife if alive** years  
**7. Birth date of deceased** May 18, 1886  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 2  
 year 1946 hour 6 minute A M.  
**21. I hereby certify that I attended the deceased from**  
Feb 2 1946 19... to Feb. 2 1946 19...  
 that I last saw him in alive on Feb. 2, 1946 19...  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Myocardial degeneration  
 Duration few days to few weeks

**8. AGE:** Years 59 Months 8 Days 14 If less than one day  
 hr. min.  
**9. Birthplace** Kentucky  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** shoe repair  
**11. Industry or business** owner  
**12. Name** B K  
**13. Birthplace** DK  
(City, town, or county) (State or foreign country)  
**14. Maiden name** B K  
**15. Birthplace** DK  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Mrs. Crawford  
**(b) Address** Columbia, Mo  
**17. (a) Burial** **(b) Date thereof** Feb. 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Memorial Park Cem.  
**18. (a) Signature of funeral director** R. Willett  
**(b) Address** Columbia, Mo.  
**19. (a) 2-3-46** **(b) Mrs. R E Palmer**  
(Date received local registrar) (Registrar's signature)

Due to hypertention  
 Due to Cardio-vascular-renal disease probably years.  
 Other conditions Hist. of dyspnea on exertion  
(Include pregnancy within 3 months of death)  
weakness headaches pains in chest over heart, gastric pains and discom.  
 Major findings: PHYSICIAN  
 Of operations PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Of autopsy 1310  
**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)  
(a) Means of injury 2  
**23. Signature** [Signature] (M. D. or other) PH  
 Address [Address] Date signed Feb 3 1946

MOTHER FATHER

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

3596

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-11-46

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, ~~my~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leland H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.