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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11862**

**FILED** APR 15 1946  
Registration District No. **224**

Primary Registration No. **3072**

Registrar's No. **61**

**1. PLACE OF DEATH:**

(a) County **Saline**

(b) City or town **Marshall**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**556 S. Lincoln**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Saline**

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

(d) Street No. **556 S. Lincoln**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **John Crawford**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **March** day **28<sup>th</sup>** 1946  
year **1946** hour **6** minute **30 A.M.**

4. Sex **Male** 5. Color of hair **Gray**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **Oct. 11-1851**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;**  
that I last saw him alive on **March 27** 1946  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>75</b>	<b>5</b>	<b>17</b>	hr. _____ min. _____

Immediate cause of death **Coronary Occlusion**  
**General Arteriosclerosis**

Due to **Senility**

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

Duration  
**Don't know**

**9. Birthplace** **Matto Bend Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **laboring**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **940**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

**11. Industry or business** **sewer**

**12. Name** **Washington Crawford**

**13. Birthplace** **Marshall Mo**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **unknown**

**15. Birthplace** **Marshall Mo**  
(City, town, or county) (State or foreign country)

**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? \_\_\_\_\_

**16. (a) Informant** **Alvie Crawford**

**(b) Address** **Marshall, Mo**

**17. (a) Burial** (b) Date thereof **3-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Marshall, Mo**

**18. (a) Signature of funeral director** **John & Edna**

**(b) Address** **Marshall, Mo**

**19. (a) 3-30-46** (b) **Mrs. O. Westbrook**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury **fall**

**23. Signature** **Waite N. Madison** (M. D. or other)

**Address** **Marshall, Mo** **Date signed** **3-28-46**

**294** (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 1.

District File No. \_\_\_\_\_

Date Filed

4-13-46

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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.....

*Geoff. Green*

Licensed Embalmer No. *4320*

P. O. Address *Muskegon, Mich*

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.