. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

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30620

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 185

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 Olive St. 3
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE MAE CRAWFORD
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 19, (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
4	4	22	hr. min.

9. Birthplace Carthage, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Edwin M. Crawford
13. Birthplace Jasper County, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Louise Mae Franklin
15. Birthplace Aurora (City, town, or county) Mo (State or foreign country)
16. (a) Informant Edwin M. Crawford
(b) Address 1109 Olive St., Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fasken-Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 SO. GARRISON, CARTHAGE, MO.
19. (a) 9-12-46 (Date received local registrar) (b) L. B. Clinton MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from 9 Sept, 1946, to 10 Sept, 1946
that I last saw her alive on 10 Sept, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 hrs.
Due to Septicemia	48 hrs.
Due to Diplococci type undetermined	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 24A

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) —
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address 407 Main, Carthage Mo. Date signed 9/12/46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-787

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.....Ed Allemer

Licensed Embalmer No.....2222

P. O. Address.....Carthage

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.