

FILED FEB 4 1947
Registration District No. 23

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

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

In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")

(d) Street No. North Gate St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert A Crawford

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-07-3830

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 9
Jan 21 1946 to Jan 21 1947
that I last saw him alive on Jan 15 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Trish 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 30 1886
(Month) (Day) (Year)

Immediate cause of death: Acute cardiac compensation

Due to Chronic valvular heart disease

Due to Do not know

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Camp Lee Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business _____

12. Name Jessie Crawford

13. Birthplace Jennett
(City, town, or county) (State or foreign country)

14. Maiden name Liza Fisher

15. Birthplace Camp Lee Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations g2d

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Ruth Crawford

(b) Address Cape Girardeau Mo

17. (a) burial (b) Date thereof 1-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halls Chapel

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 _____

18. (a) Signature of funeral director G. C. Summers

(b) Address Cape Girardeau Mo

19. (a) 1-25-1947 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

23. Signature Carl Albert Minnemaum (M. D. or other)
Address Cape Girardeau, MO Date signed 1/23/47

MAR 3
1947

Case No. 4
Number 247-179
2-3-47

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.....
Licensed Embalmer No. 3390
P. O. Address Cape Bu.

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.