

Registration District No. **61**

Primary Registration District No. **4107**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Spgs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Chandler's Nursing Home 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution 3 yrs**
Specify whether
In this community **85 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cedar 20**
(c) City or town **El Dorado Spgs**
(If outside city or town limits, write "RURAL")
(d) Street No. **210 Hightower**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MARTHA B. CRAWFORD**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female!** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widow**

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

7. Birth date of deceased **April 3 1855**
(Month) (Day) (Year)

8. AGE: Years **91** Months **9** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Madison Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Mackstie**

13. Birthplace **K. Y. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Minerva Hand**

15. Birthplace **K. Y. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Mackstie**

(b) Address **El Dorado Spgs 4 2**

17. (a) **Burial** (b) Date thereof **1-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Land Ridge**

18. (a) Signature of funeral director **Walter Finney**

(b) Address **El Dorado Spgs Mo**

19. (a) **1/7/47** (b) **J. C. Brannan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **5** year **1947** hour _____ minute **8:30** M.

21. I hereby certify that I attended the deceased from **Jan 2 1945** to **Jan 5 1947** that I last saw her alive on **Jan 5 1947** and that death occurred on the date and hour stated above

Immediate cause of death: **Myocardial Degeneration** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93D**

Major findings: Of operations _____

Of autopsy _____

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 **0**

23. Signature **J. Dawson** (M. D. or other) _____

Address **El Dorado Spgs** Date signed **1-7-47**

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

27-9-2
27-27-1

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 George W. Mofus
Licensed Embalmer No. 2752
P. O. Address El-Dorado Miss

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.