

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town London City Mo.  
(c) Name of hospital or institution: St. Luke Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 5 days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Paris  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD CRAWFORD  
(b) If veteran, name war no.  
(c) Social Security No. 14016

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 4<sup>th</sup>  
year 1947 hour 10 minute 0 M.

4. Sex M. 5. Color or race W  
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 June 9 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 30 1946 to Jan. 4 1947  
that I last saw him alive on Jan. 4 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
82 6 25 hr. min.

Immediate cause of death: Coronary Occlusion  
Due to: Coronary Sclerosis

9. Birthplace Cosketon Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation farmer

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Tom Crawford  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Parkelle  
15. Birthplace Ohio  
(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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

16. (a) Informant R M Crawford  
(b) Address Paris, Mo.  
17. (a) Paris, Mo. (b) Date thereof 1-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director Ray Palmer  
(b) Address Paris, Mo.  
19. (a) 1-6-47 (b) Ray Palmer  
(Date received local Registrar) (Registrar's signature)

23. Signature H.P. Rayman (M. D. or other) M.D.  
Address Paris, Mo. Date signed 1/5/47

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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.....

*Charles D. Weston*

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

working under my personal supervision.

Signed.....

*Charles D. Weston*

Licensed Embalmer No. *9120*.....

P. O. Address..... *Early Town*

**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.**