

Registration District No. **99** Primary Registration District No. **4170**

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

**1. PLACE OF DEATH:**  
 (a) County DePue  
 (b) City or town Union Star, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 65 years years, months or days

**3. (a) PRINT FULL NAME** John Carl Crawford  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** M **5. Color or race** W **6. (a) Single, widowed, married, divorced, single** 0  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** July 14, 1878 (Month) (Day) (Year)

**8. AGE:** Years 68 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Indiana (City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** Produce Dealer

**MOTHER FATHER**  
**12. Name** Modes L. Crawford **9**  
**13. Birthplace** Unknown (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Ellen Rogers **13**  
**15. Birthplace** Unknown (City, town, or county) (State or foreign country)

**16. (a) Informant** E. S. Courter  
**(b) Address** Union Star, Mo.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Mar. 26, 1947 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Oak Grove

**18. (a) Signature of funeral director** Lucile M. Wilson  
**(b) Address** King City, Mo.

**19. (a) 3-20-47** (Date received local registrar) **(b) R. P. S. Sauer** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County DePue **32**  
 (c) City or town Union Star, Mo. (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Mar day 25 year 1947 hour 5 minute \_\_\_\_\_ a.m.

**21. I hereby certify that I attended the deceased from** March 15, 1947 to March 25, 1947 that I last saw him alive on March 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia **Duration** 1 wk  
Asphyxia **Duration** 1 wk

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

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

**Major findings:**  
 Of operations 23A  
 Of autopsy \_\_\_\_\_

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

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** E. M. Remondy (M. D. or other)  
 Address Union Star Mo Date signed 3-26-47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *Lucile M. Wilson* .....

Licensed Embalmer No. *2830* .....

P. O. Address. *King City, Mo.* .....

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.