

No. 2
-2-43
17-39

X33697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24654

State File No. _____

Registration District No. 169

Primary Registration District No. 4261

Registrar's No. 151

1. PLACE OF DEATH:

(a) County KNOX

(b) City or town HURDLAND
(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 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX

(c) City or town HURDLAND
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME MILLARD JACKSON CRAWFORD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 4
_____ 1947, to July 17 1947.
that I last saw him alive on July 17 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased APRIL 17 1879
(Month) (Day) (Year)

Immediate cause of death Cancer of gall bladder Duration 6 months

Due to _____

Due to _____

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

8. AGE: Years 68 Months 3 Days 0
If less than one day hr. _____ min. _____

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 46

Underline the cause to which death should be charged statistically.

9. Birthplace HURDLAND MO.
(City, town, or county) (State or foreign country)

10. Usual occupation BOOKKEEPER-POSTAL CLERK

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? _____

MOTHER FATHER

11. Industry or business _____

12. Name MILTON B. CRAWFORD

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

14. Maiden name EVA HALL

15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant ELEDAH CRAWFORD

(b) Address HURDLAND - MO

17. (a) BURIAL (b) Date, thereof July 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARIE HILL KIRKSWINE

(Specify type of place) _____ (c) Means of injury _____

23. Signature H.M. Higginbotham (M. D. or other) MD
Address Beashear Tric Date signed 7-20-47

18. (a) Signature of funeral director Bo B. G. G. G.

(b) Address Hurdland Mo

19. (a) July-19-47 (b) Will S. Nunnally
(Date received local registrar) (Registrar's signature)

FEB 3 - 1948

AUG 4 1947

RECEIVED
District Health Officer No. 10
Dist File Number 7-47-942
JUL 30 1947
Date Filed

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 Geo B. Cassey Jr
Licensed Embalmer No. 3956
P. O. Address Hudson, N.J.

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.