. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1947

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6856

State File No. 24947

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins, Mo. "Rural" "Hopkins"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 Miles Southeast.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74

(c) City or town Hopkins "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles Southeast 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country None

3. (a) PRINT FULL NAME IRA CRAWFORD

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Odess Crawford

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November (Month) 21, (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	24	- - hr. - - - - min.

9. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business None

FATHER
12. Name Odd Crawford
13. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Barbara Harley
15. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Odess Crawford
(b) Address Hopkins, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Whitesville, Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 East 1st, Maryville, Mo.

19. (a) 7/19/47 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947 to July 12, 1947 that I last saw him alive on July 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hr
Due to Myocardial degeneration	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

C/3D

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C W Kirk (M. D. or other)

Address Hopkins Date signed 7/19/47

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.