

S. No. 2
A-5-43
5-17-39
I X36671

State File No.

FILED OCT 14 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
119 Mill Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 119 Mill Street
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Polly Jane Crawford

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife James H. Crawford

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased December 11, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Anna, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Reed

13. Birthplace Johnson County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Juliet Jub

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

16. (a) Informant John Crawford

(b) Address Chaffee, Missouri

17. (a) Burial (b) Date thereof 10/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenyon Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 10-7-1947 (b) C. E. Sumner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May, 1947, to 27 Sept., 1947;
that I last saw her alive on 27 September, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis chronic secondary to
Due to Chronic Cholecystitis and cholelithiasis

Other conditions 76
(Include pregnancy within 3 months of death)

Duration

6 mo.

12 yrs.

PHYSICIAN

Major findings: Cholelithiasis

Of operations

Of autopsy

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 Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Date signed 10-6-47

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

RECEIVED

Health Officer No. 4

Number 1047-129

10-13-4

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.