S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 201

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 89

1. PLACE OF DEATH:

(a) County Buch.
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether In this community 1 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2
(c) City or town Savannah 1 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

Newborn

3. (a) PRINT FULL NAME Phillip Doppler Crawford.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
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 Jan - 25, 1948 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. min.

9. Birthplace St. Joseph, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation New born
11. Industry or business

FATHER
12. Name Gerald Medrick Crawford
13. Birthplace Clarksdale, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Mae Wackernagle
15. Birthplace Savannah, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gerald Crawford
(b) Address Savannah, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Mo
18. (a) Signature of funeral director E. C. Greit
(b) Address Savannah Mo
19. (a) 1-26-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1948 hour 7:45 minute P M.
21. I hereby certify that I attended the deceased from Jan - 25 6 35 p, 1948 to 1-25, 1948 that I last saw him alive on Jan 25 - 1948 and that death occurred on the date and hour stated above.

Immediate cause of death R.H. Factor — Duration 1 hr.
Due to Parents.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 15 mi
Of autopsy not available as yet.

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? 0 (Specify type of place)
While at work? (e) Means of injury 1-26-48

23. Signature Gilbert B. Kelley (M. D. or other) M.D.
Address Savannah Mo Date signed Jan 26 1948

(Licensed Embalmer's Statement on Reverse Side)

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.....E. C. Breit.....

Licensed Embalmer No.....2650.....

P. O. Address.....Savannah 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.