

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1948
Registration District No.

Primary Registration District No. 5427

Registrar's No. 23

1. PLACE OF DEATH:

(a) County... Dunklin

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo

(b) County... Dunklin 35

City or town... Kennett Rural #20
(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

3. (a) PRINT FULL NAME Amie Crawford

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife... Donald

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

7. Birth date of deceased... Jan 10 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 13 hr. min.

9. Birthplace... Campbell Mo
(City, town, or county) (State or foreign country)

10. Usual occupation... Housekeeper

11. Industry or business

12. Name... William Jenkins

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

14. Maiden name... Amie Williams

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

16. (a) Informant... Edmund Crawford

(b) Address... Kennett, Mo.

17. (a) Burial (b) Date thereof... 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Gregory Cem

18. (a) Signature of funeral director... Gregory Cem

(b) Address... Kennett Mo

19. (a) 1-28-1948 (b) Carl Stumbar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 1 day... 23
year... 1948 hour... 4:00 minute... 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 1947
to Jan 23, 1948
that I last saw h... OK alive on Jan 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Congestive heart failure

Due to

Due to

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

Duration

2 years.

PHYSICIAN

Major findings:
Of operations... 93V

Of autopsy

Underline the cause of 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?

(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... Chester P. Peck (M. D. or other) M.D.

Address... Kennett Mo. Date signed... Jan 28 1948

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 248-210

Date Filed 2-11-48

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

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.

Registration District No. 107

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

Annle 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 wid

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

7. Birth date of deceased: Jan 10 (Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town or county) (State or foreign country)

10. Usual occupation Super for Self

11. Industry or business

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ 1948 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

