S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5425

State File No.

FILED MAR 11 1948

Registration District No. Primary Registration District No. 3041 Registrar's No. 284

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Macon 61
(c) City or town: Macon 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lucinda H. Crawford
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: F. 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Al J. Crawford
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: July (Month) 74 (Day) 1870 (Year)

8. AGE: Years 77 Months 6 Days 4 If less than one day hr. min.

9. Birthplace: Macon Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: House wife
11. Industry or business:
FATHER
12. Name: Richard P. Goodding
13. Birthplace: Randolph Co. (City, town, or country) Mo (State or foreign country) 0
MOTHER
14. Maiden name: Money Jane Myers
15. Birthplace: (City, town, or country) Tenn (State or foreign country) 1
16. (a) Informant: H. M. Goodding
(b) Address: Atlanta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Tabor Cem
18. (a) Signature of funeral director: Stephens & Goodding
(b) Address: Macon Mo
19. (a) 2/23/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 48 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from 4-26 19 47 to 1-11 19 48
that I last saw her alive on 1-11 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Coma	2 days
Due to: Paralytic Ileus	7 days
Due to: Mesenteric Thrombosis	7 days
Other conditions: Cirrhosis of liver generalized	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓ 97

PHYSICIAN
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? (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: W. Elm MD (M. D. or other)
Address: Macon Mo. Date signed 1-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-477
MAR 10 1948
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 James C. Cleaver Registered Apprentice No. 515 working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon 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.