

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

1. PLACE OF DEATH:

(a) County ADAIR

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

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

(d) Length of stay: In hospital or institution 10 DAYS  
(Specify whether)

In this community 57 yr.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR

(c) City or town GIBBS  
(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 NELLIE CONKLE 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 MARRIED

6. (b) Name of husband or wife W. E. CRAWFORD

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JAN 25 1891  
(Month) (Day) (Year)

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

57 2 4 ..br. ....min.

9. Birthplace ADAIR MO MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

MOTHER FATHER { 12. Name HOMER CONKLE

13. Birthplace ADAIR MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name EFFIE MOORE

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

16. (a) Informant H. E. Crawford

(b) Address 5th St. Mo.

17. (a) BURIAL (b) Date thereof 3-31-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union - Yella - Mo.

18. (a) Signature of funeral director Doctor P. Easley

(b) Address Branch Mo.

19. (a) 4-7-48 (b) Nate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 29  
year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 18 1948 to March 29 1948  
that I last saw her alive on March 28 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to old lesion process of left ventricle

Due to .....

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

Major findings: ✓ 940

Of operations .....

Of autopsy as above stated

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (a) Means of injury 2

23. Signature Paul Laughlin (M.D. or other) D.O.  
Address Kirkville, Mo. Date signed 4-5-48

AUG 22 1949

RECEIVED  
District Health Officer No. 10  
District File Number 4-48-67-  
Date Filed APR 12 1948

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 *Geo B Caskey Jr*  
Licensed Embalmer No. *3755*  
P. O. Address *Thunders Blk*

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.