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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 16 1948

Registration District No. 141

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12352

State File No.

Primary Registration District No. 3025

Registrar's No. 80

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christa Hogan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
56 years (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Essie M. Crawford  
(b) If veteran, name war ---  
(c) Social Security No. ---

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Lee Crawford  
(c) Age of husband or wife if alive 9 years 1891  
7. Birth date of deceased May (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 3  
If less than one day .hr. min.

9. Birthplace Zanoni (City, town, or county) No. 3 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name A. C. Luna  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Martina Bean  
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Ray Crawford  
(b) Address Burdette Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-48 (Month) (Day) (Year)  
(c) Place: burial or cremation Lilly Ridge Cem.

18. (a) Signature of funeral director Clinkingbeard Fun. H. Co.  
(b) Address Gainesville, Mo.

19. (a) March 18-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 270

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Hazark  
(c) City or town Tecumseh- rural  
(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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 12  
year 1948 hour 7 AM

21. I hereby certify that I attended the deceased from March 7 1948 to March 17 1948  
that I last saw her alive on March 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gfu  
Of autopsy

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 W. H. ... (M.D. or other) Address ... Date 3/18/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health

District File Number

Date Filed

No. 5,

448263

1-13-48

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.....  
*W.B. Hutchison*

Licensed Embalmer No. 3431

P. O. Address. Gainesville, 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.