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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

State File No. 17040

FILED JUN 7 1948 42

Registration District No. .....

Primary Registration District No. 4362

Registrar's No. 53

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Mo (b) County New Madrid 3

(c) City or town Morehouse, Mo. 0
(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)

If yes, name country .....

3. (a) PRINT FULL NAME WALTER C. CRAWFORD

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Flora May Crawford

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

7. Birth date of deceased April (Month) 22 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	0	29	..... hr. ..... min.

9. Birthplace Ky., (City, town, or county) 1 (State or foreign country)

10. Usual occupation Painter

11. Industry or business Self

FATHER
12. Name Unknown 9
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 11
15. Birthplace ..... (City, town, or county) (State or foreign country) 1

16. (a) Informant Flora May Crawford
(b) Address Morehouse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Essex, Cemetary

18. (a) Signature of funeral director Tyla Funeral Home
(b) Address Sikeston, Missouri.

19. (a) 6-2-48 (Date received local registrar) (b) Thomas M. Sheeter (Registrar's signature) 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1948 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1-1 1948, to May 21, 1948
that I last saw him alive on May 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

51B

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 F. M. Sarno MD (M. D. or other)

Address Morehouse Mo Date signed 5-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-720
Date Filed 6-4-48

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 William G. Jackett Registered Apprentice No. 223 working under my personal supervision.

Signed James M. Scott
Licensed Embalmer No. 4350
P. O. Address East Prairie 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.