S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19060

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Kennett 2 (If outside city or town limits, write "RURAL")
(d) Street No. 309 So. Vandeventer 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James M. Crawford
3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex M 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rella Crawford
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68		16	hr. min.

9. Birthplace Franklin Co. (City, town, or county) Ill (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name B. F. Crawford
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Sarah Montgomery
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs James M. Crawford
(b) Address 309 So. Vandeventer
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director Lent, Funeral Service
(b) Address Kennett, Mo.
19. (a) 6-28-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 9:45 minute P M.
21. I hereby certify that I attended the deceased from 1943, 19, to June 24, 1948 that I last saw him alive on June 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic insufficiency	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92W

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

23. Signature D. T. Dempsey M.D. (M. D. or other)
Address Kennett Mo Date signed 6-24-48

(Licensed Embalmer's Statement on Reverse Side)

6-24-48

RECEIVED
District Health Office No. 2,
District File Number 648-816
Date Filed 6-30-48

JUL 5 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 Walter A. Hawkins

Licensed Embalmer No. 2002

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.