

No. 2
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7-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31757**

FILED OCT 13 1948

Registration District No. **338**

Primary Registration District No. **6148**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Bloomfield Rural (Casta)**
(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
In this community **Years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard 103**
(c) City or town **Bloomfield Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location) **0**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Samuel Crawford**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **Sept. 19, 1868**
(Month) (Day) (Year)

8. AGE: Years **80** Months **--** Days **---** If less than one day **---** hr. **---** min.

9. Birthplace **Stoddard Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Eldege Crawford**
13. Birthplace **Stoddard co., Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Ann Scism**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Tiller**

(b) Address **Bloomfield, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chapel cemetery**

18. (a) Signature of funeral director **Chiles Und. Co.**

(b) Address **Bloomfield, Mo.**

19. (a) **10-1-48** (b) **Rose Webber**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: **Sept. 15th or 16th 1948**
Month **Sept.** Day **15th or 16th** Year **1948** hour **--** minute **---** M.

21. I hereby certify that I attended the deceased from **---**, 19 **---** to **---**, 19 **---**
that I last saw h **---** alive on **---**, 19 **---**
and that death occurred on the date and hour stated above.

Immediate cause of death **Verdict of Coroner's jury.**
Due to **no violence, body too badly decomposed for cause of death.**
Due to **could not ascertain cause of death.**
Other conditions (Include pregnancy within 6 months of death)

Duration

PHYSICIAN

Major findings: **---**
Of operations **---**
Of autopsy **---**
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) **---** (e) Means of injury **---**
While at work? **---**

23. Signature **St. Germain** (M.D. or other) **Co.**
Address **Dexter, Mo.** Date signed **9-22-48**

RECEIVED

District Health Office No. 2,

District File Number 1048-1269

Date Filed 10-4-48

Q10T 24.500

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 No Embalming.....

Licensed Embalmer No.....

P. O. Address.....

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.