

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HENRY

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

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

(d) Length of stay: In hospital or institution NONE
(Specify whether)

In this community 17 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Clinton Sup
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME MILDRED LOUISE CRAWFORD

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES R. CRAWFORD

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug. 26 1912
(Month) (Day) (Year)

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

34 5 12 hr. min.

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

10. Usual occupation Manufacturer

11. Industry or business

MOTHER, FATHER { 12. Name GEORGE W. SIDWELL

13. Birthplace WINDSOR MO
(City, town, or county) (State or foreign country)

14. Maiden name AMMIE BILLINGS

15. Birthplace BENTON Co. Mo. (I)
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Crawford

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof Feb. 11 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director H. T. Varnant

(b) Address Clinton, Mo

19. (a) 8-18-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1947 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from June 28, 1945, to Feb 8, 1947;
that I last saw her alive on Feb 8, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Renewed metastasis carcinoma of Cervix uteri 2 1/2 yrs

Due to.....

Due to.....

Other conditions none 48 A.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No surgery - radium applied fact 1944

Of autopsy None

Duration

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) No

(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 S. D. [unclear] (M. D. or other) Mo

Address Clinton, Mo Date signed 2/12/47

LT-21-E
A-B-C-K-T

EX-10

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 H. A. Vansant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

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.