

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28889

Registration District No. 574

Primary Registration District No. 5778A

Registrar's No. 4

1. PLACE OF DEATH:  
 (a) County Moniteau  
 (b) City or town Lawrenceville  
 (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  
 In this community All His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Moniteau  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Juincy Lee Crawford  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 2<sup>nd</sup>  
 year 1941 hour 2 minute PM  
 21. I hereby certify that I attended the deceased from 7-14  
 1941, to 7-27 1941  
 that I last saw him alive on 7-27 1941  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race N 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Miriam 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased Aug 7 1868  
 (Month) (Day) (Year)

Immediate cause of death Cardio-Renal Vascular disease Duration 6 yrs  
Generalized arteriosclerosis

8. AGE: Years 72 Months 11 Days 25 If less than one day hr. min.

Due to  
 Due to

9. Birthplace Moniteau Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions Hypertrophy of prostate 6 yrs  
 (Include pregnancy within 3 months of death)

MOTHER FATHER  
 11. Industry or business  
 12. Name James Crawford  
 13. Birthplace 1, New  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Garrett  
 15. Birthplace 1, Ky  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations no 131B  
 Of autopsy no

16. (a) Informant Mrs Juincy Crawford  
 (b) Address California MO  
 17. (a) Burial (b) Date thereof 8/5/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation City - Calif

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

18. (a) Signature of general doctor William W. Phillip  
 (b) Address California MO  
 19. (a) 8/3/1941 (b) Jewell W. Phillip  
 (Date received local Registrar) (Registrar's signature)  
500 (Licensed Embalmer's Statement on Reverse Side)

23. Signature Kenyon Latham (M. D. or other)  
 Address California, MO Date signed 8-2-41

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

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**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..... *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California M*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**