

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(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 1
In this community Most of Her Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ann Crawford
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color of race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William J. Crawford
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 4 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Abraham Jones

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

14. Maiden name Salina Ann Brown

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross Thomas

(b) Address California MO

17. (a) Buried (b) Date thereof 9/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director William J. Crawford

(b) Address California MO

19. (a) 9-9-41 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Moniteau
(c) City or town California MO 068
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 1941 hour 3:57 minute 35P M.

21. I hereby certify that I attended the deceased from 4-6-1941 to 9-7-1941
that I last saw her alive on 9-7-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Had a Paralytic stroke about 2 years ago from which she never recovered Duration 1 year
Arterial fibrillation

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death)

Major findings: 95a

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H.R. Popejoy (M. D. or other) 0

Address California MO Date signed 9-11-41

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.....

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.