

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15230

Do not use this space.

1. PLACE OF DEATH

(a) County MontereyRegistration District No. 571(b) Township WallerPrimary Registration District No. 4335Registered No. 23(c) City California(d) Street No. 1

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Wilson Francis Crawford St. Mo

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Mrs Mary A Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 12 - 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

7545

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

City Light & TractionCity Light & Traction

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

California Mo

FATHER

13. NAME

Jack Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monterey Co Mo

MOTHER

15. MAIDEN NAME

Mary Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

17. INFORMANT (ADDRESS)

Georgia DahlerCalifornia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Masonic Cem

DATE

4/19

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

W. L. R. PopejoyCalifornia Mo20. FILED 4-18-41W. L. R. Popejoy

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4 - 17 - 1941

22. I HEREBY CERTIFY, That I attended deceased from

4 - 6 - 1941, to 4 - 17 - 1941I last saw him alive on 4 - 16 - 1941. Death is saidto have occurred on the date stated above, at 7:29 m.

The principal cause of death and related causes of importance were as follows:

Chronic ValvularArteriosclerosisCity Light & TractionCity Light & TractionArteriosclerosis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

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-E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address.....

California

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, above space should be left blank.