V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14092

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 94

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (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? No (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 27 1941
(Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 15 | If less than one day hr. min.

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

10. Usual occupation
11. Industry or business

FATHER
12. Name Arthur Crawford
13. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rohrbach
15. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Crawford
(b) Address California Mo

17. (a) Burial (b) Date thereof 4/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sappington Cem

18. (a) Signature of funeral director Hillhouse & Fricke
(b) Address California Mo

19. (a) 4-12-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12 year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10:00 pm. 4-11- 1942 to 4-11- 1942
that I last saw him alive on 4-11-42 19
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial | Duration
Due to Peritonitis
Due to (Pneumonia)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 129
Of autopsy no

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)
(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)
While at work? (e) Means of injury

23. Signature W M Rambo (M. D.)
Address Jefferson City Mo Date signed 4-22-42

894 (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 Hugh E. Williams

Licensed Embalmer No. Has Not Embal

P. O. Address California Mo

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.