

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4018**

**NOV 14 1939**

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Jackson  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: K.C. Gen Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hrs 50 min  
 (Specify whether  
 In this community Same  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Jackson  
 (c) City or town Jackson  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 15-E 31- St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Gaunford Infant  
**3. (b) If veteran,** name war no  
**3. (c) Social Security** No. no

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Oct day 11  
 year 1939 hour 8 minute 00  
**21. I hereby certify that I attended the deceased from** 10-11  
1939 to 10-11 1939

**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** \_\_\_\_\_ years  
 alive \_\_\_\_\_ years

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

**7. Birth date of deceased** Oct 11 1939  
 (Month) (Day) (Year)  
**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day 2 hr. 50 min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Includes pregnancy within 3 months of death)

**9. Birthplace** K.C. Mo  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Infant

**11. Industry or business** \_\_\_\_\_  
**12. Name** Floyd Crawford  
**13. Birthplace** Nebraska  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Frances Kelly  
**15. Birthplace** Mo.  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy See above  
**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 \_\_\_\_\_

**16. (a) Informant's own signature** Wood Clerk  
**(b) Address** Gen Hosp  
**17. (a) Burial (b) Date thereof 10-19-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Gen Hosp  
**18. (a) Signature of funeral director** Wm A Hohmeyer  
**(b) Address** Gen Hosp  
**19. (a) 10/20/39** (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)**

**23. Signature** Bob M... (M.D. or other)  
**Address** Supr K.C. Gen Hosp **Date signed** 10-11-39

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

REV. 5-17-39  
I X1931

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.

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.....

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, above space should be left blank.**