

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.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4868

JAN 13 1940

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 12th and Washington, 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community Unknown,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 West Armour Boulevard,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? X years.

3. (a) PRINT FULL NAME William E. Crampton, - 651

MEDICAL CERTIFICATION

3. (b) If veteran, name war Unknown, 3. (c) Social Security No. X

20. DATE OF DEATH: Month 12-24-39 day 24 year 1939 hour 10:30 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown, 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased June 15, 1886,  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10:30 P. that I was his Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute pulmonary edema  
Acute coronary occlusion  
(left descending)  
Coronary sclerosis  
Duration  
Died to  
Other conditions  
(Include pregnancy within 3 months of death)

8. AGE: Years 53 Months 6 Days 9 If less than one day  
hr. min.

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

10. Usual occupation Lawyer,

11. Industry or business Law,

12. Name Dr. Henry Crampton,

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

14. Maiden name Agnes Barnes,

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

16. (a) Informant's own signature Mrs. S. O. Zachman,

(b) Address 213 West Armour, Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-27-39.  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 26, 1939, (b) M. D. Crowe  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations  
Of autopsy  
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?  
While at work  
(Specify place) Means of injury  
23. Signature W. J. Baker (M. D. or other)  
Address K. C. Mo Date signed

**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

*J. B. Waters*

Licensed Embalmer No. *3992*

P. O. Address *KC 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, above space should be left blank.**