

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

Rev. 5-17-39  
1 x1051

N. E.—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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5486

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 711

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural  
 (If outside city or town limits, give "RURAL" and name of township)  
 (c) Name of hospital or institution:  
K. C. T. B. HOSP.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution mo. 10 days  
 (Specify whether years, months or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2017 Troost  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sherman Crisp

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Armanda 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 18 1895  
 (Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hozy Crisp

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

14. Maiden name Unknown Deceased

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

16. (a) Informant's own signature K. C. T. B. HOSP.

(b) Address Leeds Station

17. (a) Burial (b) Date thereof 2 19 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th 361

19. (a) 2-17-40 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14  
 year 1940 hour 6 minute 00 M.

21. I hereby certify that I attended the deceased from Oct. 3  
1939 to Feb. 14, 1940  
 that I last saw h.l.m. alive on Feb. 13, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 23

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) \_\_\_\_\_ (M. D. or other)  
 Address Kansas City, Mo. Date signed 2/14/40

**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

*Edw. J. Stevens*

Licensed Embalmer No.

*3836*

P. O. Address

*1819 E 15th Ave*

**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.**