

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20763

State File No.

2380

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:  
2616 Quincy  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community two months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson  
 (c) City or town Olathe  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. East Santa Fe  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 10  
 year 1940 hour 5 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Marr.  
 6. (b) Name of husband or wife M. T. C. Crust 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased December 5 1884  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 9 1940 to June 10 1940  
 that I last saw her alive on June 7 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 6 5 hr. min.

Immediate cause of death Cerebral hemorrhage  
Primary  
 Due to 46  
 Due to \_\_\_\_\_

9. Birthplace East Wood Hills Missouri  
 (City, town, or county) (State or foreign country)  
Kansas City

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

10. Usual occupation Housekeeper

11. Industry or business At Home

12. Name Henry Buckles

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

14. Maiden name Georgia Sellers

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

16. (a) Informant's own signature M. T. C. Crust  
 (b) Address Olathe Kansas

17. (a) Pleasant Valley Cemetery (b) Date thereof June 11 1940  
 (Special provision for removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Near Stanley Kansas

18. (a) Signature of funeral director H. E. Julien  
 (b) Address Olathe Kansas

19. (a) June 11, 1940 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations ✓

Of autopsy Cerebral hemorrhage, primary, see pathology

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 \_\_\_\_\_

23. Signature R. D. [unclear] (M. D. or other) 2380  
 Address Olathe Kansas Date signed June 11 1940

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.....

*H. E. Julien*

Licensed Embalmer No.....

*2042*

P. O. Address.....

*Olathe Kansas*

**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.**