

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24308  
Registrar's No. 2918

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 1221 Woodland  
(d) Length of stay: In hospital or institution 37 years  
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1221 Woodland  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME James Crutchfield  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 21 year 1940 hour 3 minute 00A. M.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Divorced  
7. Birth date of deceased June 4 1878

21. I hereby certify that I attended the deceased from Deputy Coroner that I last saw him alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 1 Days 16 If less than one day

Immediate cause of death Acute Pulmonary Edema  
Hypertensive Myocardium  
Other conditions 93281  
(Include pregnancy within 3 months of death)

9. Birthplace Marshall Missouri  
10. Usual occupation Unemployed

Major findings:  
Of operations None  
Of autopsy None  
PHYSICIAN None  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Oscar Crutchfield, Sr.  
13. Birthplace Missouri  
14. Maiden name Fannie Crambell  
15. Birthplace Missouri

16. (a) Informant Ernestine Crutchfield  
(b) Address 2410 Flora  
17. (a) Burial (b) Date thereof 7-25-40  
(c) Place: burial or cremation Lincoln Cemetery

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director West, Appleton & Jones  
(b) Address 1905 Vine St.  
19. (a) July 22, 1940 (b) M. M. Craue

(Specify type of place) (c) Means of injury 5  
23. Signature Dr. [Signature] (M. D. or other)  
Address [Signature] Date signed [Signature]

**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. *2710*

P. O. Address *R. E. M. O.*

**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.**