

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

**Jackson**  
(a) County **2-0**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution:  
**3118 Karnes Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **44 years** (Specify whether years, months or days)  
In this community **44 years**

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. **3118 Karnes Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME **JOHN V. CROWE**  
3. (b) If veteran, name war **World War** 3. (c) Social Security No. **495-09-4528**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 21, 1896**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **4** Days **14** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Vice-President**  
11. Industry or business **Crowe Bakery**

MOTHER FATHER { 12. Name **Martin J. Crowe** 5  
13. Birthplace **Ireland** (City, town, or county) (State or foreign country)  
14. Maiden name **Susan Roughtan** Ireland  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Martin J. Crowe**  
(b) Address **3118 Karnes Blvd.**

17. (a) **Burial** (b) Date thereof **12/7/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Zwick & Taben Co.**  
(b) Address **H. C. Trax**

19. (a) **12-6-40** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5**  
year **1940** hour **10** minute **40** P. M.  
21. I hereby certify that I attended the deceased from **Dec 4**  
\_\_\_\_\_ 19**40** to **Dec 5** 19**40**  
that I last saw him alive on **Dec 5** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema** *J. H. H.*  
Due to **acute myocardial infarction** *4 days*  
Due to **92K**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration **4 days**  
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 type of place) (e) Means of injury \_\_\_\_\_  
28. Signature **D. P. Hogan** (M. D. or other) **MD**  
Address **415 W. 11th St.** Date signed **Dec 7 1940**

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

11MC

**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.....

*Harold Perry*

Licensed Embalmer No. *4099*

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.**