No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20731

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2261

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: 2846 Wabash Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days) In this community 25 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. 2846 Wabash Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Mr. Harold Daniel Crayne

3. (b) If veteran, name war No

3. (c) Social Security No. 499-09-0697

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 August (Month) 7 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
25	10	5	hr. min.

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

10. Usual occupation Auto Mechanic

11. Industry or business General Electric Co.

FATHER

12. Name William Pete Crayne

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

MOTHER

14. Maiden name Martha May Stufflebeam

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

16. (a) Informant Mrs Martha Crayne

(b) Address 2846 Wabash K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/13/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1941 hour 10 minute 45 A. M.

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

Immediate cause of death — Duration

Due to Carbon monoxide poisoning

Due to

Other conditions (Include pregnancy within 3 months of death) N. M. O

Major findings: Of operations

Of autopsy Yes

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) DO NOT KNOW

(b) Date of occurrence 6-12-41

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? found in car in garage (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address K.C. Mo. Date signed 6/12/1941

(Licensed Embalmer's Statement on Reverse Side)

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 O Newcomer

Licensed Embalmer No. 4043

P. O. Address. K C 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, fact should be so stated above.