

Registration District No. **292**

Primary Registration District No. **1002**

Registrar's No. **4487**

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: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11-8-41-12-1-41**
(Specify whether years, months or days) **50 years 0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 042**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1635 E. 22nd Terr.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **LESTER CRAWFORD**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **708-18-8492**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Katie Crawford** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **December 24 1871**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | 69 | 11 | 7 | hr. min. |

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

10. Usual occupation **Pullman Porter**

11. Industry or business **Pullman Company**

12. Name **Deceased Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Deceased**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **General Hospital No. 2**

17. (a) **burial** (b) Date thereof **12/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Thaddeus T. Broc.**
(b) Address **1729 Lydia**

19. (a) **12/4/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **1**
year **1941** hour **6** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **November 8 1941 to December 1 1941**
that I last saw him alive on **December 1 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Congestive Heart Failure**
Generalized Arteriosclerosis
Due to **Hypertensive Heart Disease**

Due to **93B**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 _____
23. Signature **J. C. Brown** (M. D. or other) _____
Address **Gen. Hosp. 2-600 E. 22** Date signed **12-2-41**

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

18 mg

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

Isaac J. Manlove

Licensed Embalmer No.

3994

P. O. Address

2513 Highland

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.