

FILED JAN 24 1949

1002

Registration District No.

Primary Registration District No.

4747

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
3429 East 6th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 000 / (Specify whether years, months or days)

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")
3429 East 6th
(d) Street No. _____ (if rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Infant George CROW

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced BABY 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 20th, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
000 000 000 8 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name John Francis Crow

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

14. Maiden name Clara Louise Burns

15. Birthplace Jerseyville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Crowe
(b) Address 3429 East 6th, K.C. Mo.

17. (a) Burial (b) Date thereof 12/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery, Melody - McGilley

18. (a) Signature of funeral director _____
(b) Address K. C. Mo.
12/21/41

19. (a) _____ (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Dec 20, 1941 to Dec 20, 1941
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Immature Birth (6 3/4 months gestation)
Due to 159

Due to _____
Other conditions Club deformity feet - hand
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No

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? _____

(Specify type of place) While at work _____ (e) Means of Injury _____
23. Signature Charles Melior (M. D. or other) _____
Address 3326 Independence Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
38
8

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.....

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.