S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6824

State File No. 785

Registration District No. FILED MAR 9 1942 403

Primary Registration District No. 5587

Registrar's No. 787

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 50 Highway & Belmont Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 25 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 50 Highway & Belmont Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Edward A. CRIMM
3. (b) If veteran, name war None
3. (c) Social Security No. 495-03-6146
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Crimm
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased November 28th, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	2	26	hr. min.

9. Birthplace Fort Worth (City, town, or county) Texas (State or foreign country)
10. Usual occupation Yellow Cab Driver
11. Industry or business Yellow Cab Co.

FATHER
12. Name Edwin Crimm
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edith Crimm
(b) Address 50 Highway & Belmont.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.
19. (a) MAR. 3 (Date received local registrar) (b) Mrs Q. E. Larson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 2-24-42 year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19____ 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 Acute coronary occlusion
Due to ____
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 yes or no) (e) Means of injury ____

23. Signature [illegible] (M. D. or other)
Address 15 E. Mo. Date signed ____

1107 (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. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2988

P. O. Address..... KC

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.